

Psychiatry Coding & Reimbursement Alert

CPT® 2013 Update: Sneak Peek: Gear Up For a Possible Psychotherapy Coding Overhaul

Revisions to psychiatry E/M guidelines forecast, as well.

You could be looking at a spate of new codes for psychotherapy services, if the CPT® Editorial Panel's proposed changes for 2013 become final.

Reminder: Although the editorial panel has posted these changes in its meeting minutes from February, it is possible that not all of these changes will be implemented in CPT® 2013. As the editorial notes indicate, "Codes are not assigned, nor exact wording finalized, until just prior to publication. "To read the complete summary of the Committee meeting, visit <http://www.ama-assn.org/resources/doc/cpt/summary-of-panel-actions-feb2012.pdf>.

Put These Individual Psychotherapy Codes on Your Watch List

The panel's recommendations include axing these individual psychotherapy codes in the following ranges for 2013:

- 90804-90809 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility...)
- 90810-90815 (Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility...)
- 90816-90822 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting...)
- 90823-90829 (Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting...)
- 90857 (Interactive group psychotherapy)

New code rollout: Concurrent with the proposals to delete the codes above, the CPT® Editorial Panel accepted a proposal to create new codes to report psychotherapy services and interactive complexity. "If implemented as expected, the changes approved by the CPT® Editorial Panel will drastically shrink the number of codes for psychiatric therapeutic procedures. It appears that 24 codes will be replaced with eight," says **Kent Moore**, Manager of Health Care Financing and Delivery Systems for the American Academy of Family Physicians.

Stay Tuned: The numbers and descriptors for these new codes are not yet finalized; please watch for more information on these new codes in a future issue of Psychiatry Coding and Reimbursement Alert.

Meds Management All Set to Get a Fresh Look

Your reporting for pharmacological management could change next year, as the CPT® Editorial Panel has recommended that 90862 (Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy) be replaced with a new code in 2013.

Prep For Revisions to Biofeedback Reporting

If your psychiatrist performs psychophysiological therapy that incorporates biofeedback training, you should be ready for changes to the way you report these services, too. The following codes could be revised in 2013, with specific changes still pending:

- 90875 (Individual psychophysiological therapy incorporating biofeedback training by any modality [face-to-face with the patient], with psychotherapy [e.g., insight oriented, behavior modifying or supportive psychotherapy]; approximately 20-30 minutes)
- 90876 (Individual psychophysiological therapy incorporating biofeedback training by any modality [face-to-face with the patient], with psychotherapy [e.g., insight oriented, behavior modifying or supportive psychotherapy]; approximately 45-50 minutes)

Check These E/M Change Proposals

If the proposed revisions to CPT® 2013 come into effect, you'll need to apply some changes to the way you report E/M services performed by your psychiatrist. Some of these proposed changes include:

- Revision to the guidelines of the evaluation and management subsection of codes including a) hospital observation services/ initial observation care/ new or established patients; b) hospital inpatient services; initial hospital care/new or established patients; c) inpatient consultations/new or established patient; d) Prolonged services/prolonged physician service without direct (face-to-face) patient contact; and e) preventive medicine services/counseling risk factor reduction and behavior change intervention.
- Revisions to the psychiatry guidelines

Editor's note: Look for more 2013 CPT® updates in future issues of Psychiatry Coding and Reimbursement Alert.