

Psychiatry Coding & Reimbursement Alert

CPT® 2014 Update: Add New E/M Consult Codes to Your Coding Arsenal

Good news: Common TCM guidelines will rid confusion while reporting transitional care.

When your psychiatrist discusses a patient's condition via phone or internet with another medical professional, you can expect new codes for 2014 to describe the service. Starting Jan. 1, 2014, you can report four new codes using the code range 9944X to describe this work, depending on the time spent for this consultative service.

Caveat: "These new codes are intended to be used only by the consultant physician," notes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "The patient's treating physician, which is typically the attending or primary care physician, who is seeking the consultant's opinion or advice with respect to diagnosis and/or management of the patient will not be able to use these codes for his or her portion of the conversation.

So, for example, if another physician calls your psychiatrist to get his or her advice on managing the mental health problems of one of that physician's patients, the psychiatrist may be able to report one of these new codes to capture his or her time and work involved in that conversation. On the flip side, if your psychiatrist is the one making the call and requesting the advice or opinion, it will be the other physician reporting these codes," adds Moore

However, it isn't clear whether Medicare or any other payer will include payment for these codes, since they are non-face-to-face consultations, so keep an eye on future issues of the Psychiatry Coding and Reimbursement Alert for more on whether these are payable once the final 2014 Medicare Physician Fee Schedule is released.

Reminder: Although the potential 2014 changes and revisions are listed as "accepted" in the CPT® editorial panel meeting summaries, it is not given that all these changes will appear in CPT® 2014. Also, the actual codes, descriptors, and guidelines won't be finalized until closer to the time of CPT® 2014's official publication later this year

TCM Guidelines Will Match CMS in 2014

CPT® 2014 promises to work some of the kinks out of the new-in-2013 transitional care management (TCM) codes 99495 (Transitional care management services with the following required elements: Communication [direct contact, telephone, electronic] with the patient and/or caregiver within two business days of discharge, medical decision-making of at least moderate complexity during the service period, and face-to-face visit within 14 calendar days of discharge) and 99496 (...medical decision-making of high complexity during the service period, and face-to-face visit within seven calendar days of discharge).

The Editorial Panel's accepted guideline revisions will indicate that TCM services can now also apply to new patients. The 2013 guidelines limited the codes to established patients, but payers such as Medicare already allow the use of the codes for new patients, too. You'll also get clarifications about reporting discharge services and other E/M services in addition to TCM.