

## Psychiatry Coding & Reimbursement Alert

### CPT® 2015 Update: Update Your CPT® 2015 Arsenal With New Behavioral Assessment Code

Check out the new changes to chronic care management codes.

If you have been wondering at what new changes you will be facing with CPT® 2015, here is a first look at what you can expect. You will be seeing some new codes for behavioral or emotional assessment and chronic care management while having to take into account some descriptor changes to old codes.

#### Add 96127 to Your Behavioral Assessment Inventory

When your psychiatrist assesses a patient for emotional or behavioral problems or for conditions such as attention deficit hyperactivity disorder (ADHD) or depression, he will administer some evaluation questionnaires. Some of the standardized forms that your clinician might employ will include the Patient Health Questionnaire-9 (PHQ-9), Zung Self-Rating Depression Scale, or the Beck's Depression inventory for assessing the patient for depression. Some such questionnaires that your clinician might use for ADHD will include Conners' Parent and Teacher Rating Scale, ADHD Self-Rating Scale, or the Brown Attention Deficit Disorder Scale (BADDs).

In CPT® 2015, you will have a new code that you can use when your clinician assesses a patient for emotional or behavioral problems. As of Jan.1, you will use 96127 (Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument) for every test that your clinician administers.

#### Note Terminology Changes to 96110

Focusing on new codes will help keep your claims compliant in 2015, but descriptor revisions or clarifications can also affect your code selection.

**Case in point:** New wording for CPT® code 96110 will replace the words, "interpretation and report" with "scoring and documentation." The code will also include examples of "developmental screening" for which you can utilize this code.

So, the new descriptor for 96110 will now read "Developmental screening [e.g., developmental milestone survey, speech and language delay screen], with interpretationscoring and reportdocumentation, per standardized instrument form."

"These changes appear to be primarily editorial," observes **Kent Moore**, senior strategist for physician payment with the American Academy of Family Physicians. "The new parenthetical provides some useful examples of the kinds of developmental screening with which the code is intended to be reported. Also, the change from 'interpretation and report' to 'scoring and documentation' seems intended to reflect that these tests involve less of the former and more of the latter when the instrument is completed," Moore adds.

#### Embrace the Chronic Care Management Improvements

Changes to five CCM codes may make your chronic care management services coding less of a chore.

You'll find that CPT® 2015 revises the descriptor for 99487 with bulleted detail as follows: (Complex chronic care coordinationmanagement services, with the following required elements:

- multiple [two or more] chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional

decline;

- establishment or substantial revision of a comprehensive care plan;
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month

"Adding the elements is definitely a positive; it gives the provider community a set of guidelines to follow to meet the documentation requirements of the codes," says **Suzan Berman (Hauptman), MPM, CPC, CEMC, CEDC**, director of coding operations-HIM at Allegheny Health Network in Pittsburgh, Pa. "Often, we find that the providers are performing the services, but aren't necessarily illustrating them as the payer would like to see in the documentation."

In addition, you'll see that CPT® 2015 deletes 99488 (Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month).

**Don't miss:** For each additional 30 minutes of chronic care management your physician provides, you will still be able to report revised add-on code +99489 (Complex chronic care coordination management services. . .; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month [List separately in addition to code for primary procedure]).

**Bonus:** You will also have two new CCM codes to choose from:

1. 99490 ☐ Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored

2. +99498 ☐ ... each additional 30 minutes ....

"These changes appear to be primarily in response to the Centers for Medicare & Medicaid Services' (CMS) proposal to establish its own "G" code for chronic care management along the lines described in code 99490," Moore says. "It will be interesting to see what CMS decides to do with its proposal in light of the CPT® changes."