

Psychiatry Coding & Reimbursement Alert

CPT® Coding Strategies: Get Adept at Psychiatric Pharma Management With This Expert Advice

Hint: Check for use of HCPCS code for Medicare patients.

When your clinician performs medication management for a psychiatric patient, don't be in a hurry to report this service with the add-on code +90863, as you might be jeopardizing your claims. Read on to see what codes you will need, depending on who performs the pharmacological review.

Capture Appropriate E/M for Pharmacological Management

Prior to performing a psychotherapy session, if your psychiatrist performs a review of previously prescribed medication for its effects, adverse effects, or changes in dosage, you'll have to capture the services of your psychiatrist using the appropriate evaluation and management (E/M) code.

If the medication management only involved providing a fresh refill of the earlier prescription, a base level E/M service, such as 99212 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components...), is probably more appropriate.

Rationale: The medical decision making in that situation will likely be straightforward and any history or exam will likely be problem-focused.

If your psychiatrist is reviewing the records, checking for adverse effects, making adjustments to the dose and such, you can probably claim for this service using 99213.

Coding tip: If there was any other complicating factors that increased the complexity of the service provided, you may be able to claim a higher level of E/M, but documentation as to why such a level of E/M code was claimed should support the claim forms that you are submitting.

Example: A 32-year-old female patient previously diagnosed with paranoid schizophrenia presents to your psychiatrist for her scheduled psychotherapy session. Your psychiatrist reviews the effects of the anti-psychotic medications prescribed to her.

Your clinician provides a refill of the medication and makes note that the patient is having no untoward adverse effects from the last time he saw her, and he asks her to continue the medication in the current dosage until the next scheduled visit.

Your psychiatrist then performs 35 minutes of behavioral psychotherapy. The entire session lasts for 45 minutes.

What to report: You report the pharmacological management of the patient with an E/M code, such as 99213. You report the psychotherapy session with the add-on code, +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]) as the session lasted for 35 minutes. Per CPT® time rules, you'll use +90833 for a session that lasts between 16 to 37 minutes.

Know When to Choose +90863 Instead of E/M

CPT® 2013 saw the introduction of many new codes for psychiatry related services, and among the codes that was introduced was the add-on code for psychiatric pharmacological management (+90863, Pharmacologic management,

including prescription and review of medication, when performed with psychotherapy services [List separately in addition to the code for primary procedure]).

Although this CPT® code seems to be an ideal choice when your psychiatrist performs pharmacological management, you should not reach out for this code whenever your psychiatrist reviews previously prescribed medication or prescribes new medication.

CPT® guidelines state that you have to use an appropriate E/M code when your psychiatrist performs pharmacological management services. Since psychiatrists may report E/M services, they are not supposed to claim medication management with +90863 when they perform these services and provide psychotherapy.

You will, therefore, use +90863 when medication management is provided by prescribing psychologists or other qualified health professionals who are licensed by their state to prescribe but are not qualified to bill E/M services. So, if your psychologist is allowed by your state to prescribe and review psychiatric medication, you can claim pharmacological management services performed using +90863 when this service is provided along with psychotherapy.

Heads up: You have to use +90863 as an add-on code to the primary psychotherapy service. You will have to report the appropriate code for psychotherapy using 90832, 90834 or 90837, depending on the time spent in performing the psychotherapy session.

Example: Your psychologist reviews a 55-year-old female patient whom he has been seeing for the past two months for complaints of depression. He has been conducting regular sessions of psychotherapy to help the patient overcome the depression. The patient is also on anti-depressant medication.

During the psychotherapy session, your psychologist reviews the effects of the patient's medication, including any adverse effects. He does not make any changes to the medication the patient is presently taking. The entire session lasts for 45 minutes, with your psychologist spending about 10 minutes on pharmacological management. Since your psychologist spent 35 minutes on psychotherapy of the patient, you'll report 90832 (Psychotherapy, 30 minutes with patient and/or family member) for the session and report the medication management with +90863.

Don't Add Time Spent on Pharmacological Management into Psychotherapy

When your clinician performs pharmacological management prior to performing psychotherapy, you'll have to keep these services distinct, irrespective of whether you are claiming for this service using an E/M code or +90863.

The time spent by your clinician for pharmacological management should be recorded separately and should not be added to the time spent for psychotherapy. "If you count the time spent by your clinician in review of medication with the time spent for psychotherapy, you will be double counting that time," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "In that scenario, your reporting for the service will be wrong, and you could potentially be subjected to recovery of an overpayment," Moore adds.

Example: Your psychiatrist takes 15 minutes to perform a review of medication and then performs a psychotherapy session for 30 minutes. When reporting the psychotherapy session, you will have to count the exact time taken for the psychotherapy aspect of the service, which in this case will be 30 minutes and not 45 minutes (30 + 15 minutes). So, you'll have to report the medication review with the appropriate E/M code (such as 99213) and the psychotherapy with +90833.

Danger: If you report 99213 and +90836 (Psychotherapy, 45 minutes with patient and/or family member...) counting the time for the psychotherapy session as 45 minutes, you will be double counting the time associated with the medication review. "If your claim is not subsequently denied, you will be in an overpayment situation that would be subject to recovery, if it comes to the attention of the payer," points out Moore.

Continue Using HCPCS Code For Medicare Patients

When your psychiatrist performs a follow-up visit for a Medicare patient and the session involves performing a lesser level of pharmacological management such as adjusting the dosage of the drug that is prescribed and nothing else, then

you need to report the visit using HCPCS code M0064 (Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders). Note that this code can also be used if your psychiatrist is using the visit to change the medication to another medication and no other services were performed during the visit.