

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Consider Services Provided to Differentiate Between Crisis Psychotherapy and E/M

Question: I am new to psychiatry coding and am confused about a couple of the new codes that have been introduced. If a patient is considered suicidal, can the management of the patient be reported with 90839 and +90840 or should we use any other codes to report the services provided?

Wichita Subscriber

Answer: If a patient is considered suicidal, any **psychotherapy service** that is provided to alleviate the suicidal tendencies that the patient is experiencing can be reported with 90839 (Psychotherapy for crisis; first 60 minutes) for the first hour of service. Actually, because of CPT® rules related to reporting timed codes, code 90839 is used to report the first 30-74 minutes of psychotherapy for crisis on a given date. If the psychotherapy for crisis extends beyond 74 minutes, you can report the add-on code +90840 (Psychotherapy for crisis; each additional 30 minutes [List separately in addition to code for primary service]) for every additional 30 minutes of service provided beyond the first hour. The face-to-face time spent providing services to the patient need not be continuous. However, your clinician cannot be providing services to any other patient during the same time period and should be involved in providing individual services to the particular patient. Code 90839 should be used only once per date.

Psychotherapy for crisis includes an urgent assessment and history of a crisis state, a mental status exam, and a disposition. When your clinician is performing an **evaluation** without psychotherapy of a patient who is suicidal, you cannot report the services using the psychotherapy for crisis codes, 90839 and +90840. Instead, you will have to report the services using the psychodiagnostic evaluation codes, 90791 (Psychiatric diagnostic evaluation) or 90792 (Psychiatric diagnostic evaluation with medical services), based on who is performing the evaluation and what services are provided to the patient. Alternately, if a psychiatrist or any other physician who is allowed to report an E/M code is providing the services, you can use an appropriate E/M code to report the evaluation and management.