# Current Procedural Terminology (CPT) Code Changes for 2013

For 2013 there have been major changes to the codes in the Psychiatry section of the AMA's Current Procedural Terminology, the codes that must be used for billing and documentation for all insurers. These changes apply to any services provided beginning January 1, 2013.

- A distinction has been made between an initial evaluation with medical services done by a physician (90792) and an initial evaluation done by a non-physician (90791).

- The psychotherapy codes have been simplified and expanded to include time with both the patient and/or family member: There are now just three timed codes to be used for psychotherapy in all settings (90832- 30 minutes; 90834-45 minutes; 90837- 60 minutes) instead of a distinction made by setting and whether E/M services were provided. When psychotherapy is done in the same encounter as an E/M service, there are timed add-on codes for psychotherapy (indicated in CPT by the + symbol) that are to be used by psychiatrists to indicate both services were provided (+90833 -30 minutes, +90836 - 45 minutes, +90838 – 60 minutes). The time for each psychotherapy code is now described as being as time spent with the patient *and/or family member,* a change from the previous psychotherapy code times, which denoted only time spent face-to-face with the patient.

> Note: Since the new psychotherapy codes are not for a range of time, like the old ones, but for a specific time, the CPT "time rule" applies. If the time is more than half the time of the code (i.e., for 90832 this would be 16 minutes) then that code can be used. For up to 37 minutes you would use the 30 minute code; for 38 to 52 minutes, you would use the 45-minute code, 90834; and for 53 minutes and beyond, you would use 90837, the 60-minute code.

- In lieu of the separate codes for interactive psychotherapy, there is now an add-on code for interactive complexity, which may be used when the patient encounter is made more complex by the need to involve people other than the patient (+90785). This add-on can be used with initial evaluation codes (90791 and 90792), with the psychotherapy codes, with the non-family group psychotherapy code (90853), and with the E/M codes when they're used in conjunction with psychotherapy services. Although it is expected this code will be used most frequently in the treatment of children, it can be used any time the interaction with the patient and/or family member is more complex than normal or when other parties must be involved. The CPT manual includes specific guidelines as to what constitutes interactive complexity that should be understood before this add-on code is used. Documentation must clearly indicate exactly what that complexity was.

- Another change is that a new code has been added for psychotherapy for a patient in crisis (90839). When a crisis encounter goes beyond 60 minutes there is an add-on code for each additional 30 minutes (+90840). This code was developed at the behest of the National Association of Social Workers, and it is expected that psychiatrists will generally use a high level E/M code when providing care for a patient in crisis. The CPT manual has guidelines as the what constitutes a crisis and permits the use of this code.

- Code 90862 has been eliminated, and psychiatrists will now use the appropriate evaluation and management (E/M) code when they do pharmacologic management for a patient. When psychotherapy is done during the same session as the pharmacologic management, one of the new psychotherapy add-on codes should be used along with the E/M code. (A new code, add-on code 90863, has been created for medication management when done with psychotherapy by the psychologists in New Mexico and Louisiana who are permitted to prescribe, but this code is **not** to be used by psychiatrists or other medical mental health providers).

**What is an add-on code?** An add-on code is a code that can only be used in conjunction with another, primary code and is indicated by the plus symbol (**+**) in the CPT manual. While basic CPT codes are valued to account for pre- and post-time, add-on codes are only valued based on intra-service time since the pre- and post-time is accounted for in the primary code. In the new Psychiatry codes there are three different types of add-on codes: 1.) Timed add-on codes to be used to indicate psychotherapy when it is done with medical evaluation and management; 2.) A code to be used when psychotherapy is done that involves interactive complexity (and 3.) A code to be used with the crisis therapy code for each 30 minutes beyond the first hour. See above for details about these add-on codes.

**All of these changes are represented in the crosswalk and charts provided on the following pages. The APA and the American Academy of Child and Adolescent Psychiatry (AACAP) have worked closely together on the development of these materials. We have also included a guide developed by the AACAP to assist with the understanding of E/M code selection.**

For more information contact the APA's Office of Healthcare Systems and Financing at hsf@psych.org or call the Practice Management HelpLine at 888-343-4671.

# Psychiatric Services
## *2012 to 2013 Crosswalk*

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| 2012 | | | 2013 | | |
|---|---|---|---|---|---|
| **Service** | **CPT Code** | **2013 Status** | **Service** | **CPT Code** | **Report with interactive complexity (90785)** |
| **Diagnostic** | | | | | |
| Diagnostic interview examination | 90801 | DELETED | Diagnostic evaluation (no medical) | **90791** | When appropriate |
| | | | Diagnostic evaluation with medical | **90792** | |
| Interactive diagnostic interview examination | 90802 | DELETED | Diagnostic evaluation (no medical) | **90791** | Yes |
| | | | Diagnostic evaluation with medical | **90792** | |
| **Psychotherapy** | | | | | |
| Individual psychotherapy 20-30 min | 90804, 90816 | DELETED | Psychotherapy 30 (16-37*) min | **90832** | When appropriate |
| 45-50 min | 90806, 90818 | | 45 (38-52*) min | **90834** | |
| 75-80 min | 90808, 90821 | | 60 (53+*) min | **90837** | |
| Interactive individual psychotherapy 20-30 min | 90810, 90823 | DELETED | 30 (16-37*) min | **90832** | Yes |
| 45-50 min | 90812, 90826 | | 45 (38-52*) min | **90834** | |
| 75-80 min | 90814, 90828 | | 60 (53+*) min | **90837** | |
| **Psychotherapy with E/M (there is no one-to-one correspondence)** | | | | | |
| Individual psychotherapy with E/M, 20-30 min | 90805, 90817 | DELETED | E/M plus psychotherapy add-on | **E/M code** (selected using key components, *not* time) and one of: | When appropriate |
| 45-50 min | 90807, 90819 | | | **90833** 30 (16-37*) min | |
| 75-80 min | 90809, 90822 | | | | |
| Interactive individual psychotherapy with E/M 20-30 min | 90811, 90824 | DELETED | | **90836** 45 (38-52*) min | Yes |
| 45-50 min | 90813, 90827 | | | **90838** 60 (53+*) min | |
| 75-80 min | 90815, 90829 | | | | |
| **Other Psychotherapy** | | | | | |
| (None) | | | Psychotherapy for crisis | **90839, 90840** | No |
| Family psychotherapy | 90846, 90847, 90849 | RETAINED | Family psychotherapy | **90846, 90847, 90849** | No |
| Group psychotherapy | 90853 | RETAINED | Group psychotherapy | **90853** | When appropriate |
| Interactive group psychotherapy | 90857 | DELETED | | | Yes |
| **Other Psychiatric Services** | | | | | |
| Pharmacologic management | 90862 | DELETED | E/M | **E/M code** | No |

*Per CPT Time Rule

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# Interactive Complexity
**Revised 11/3/12**

**Definition**

A new concept in 2013, interactive complexity refers to 4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code **90785**.

**Code Type**

Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.

**Replaces**

Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

**Use in Conjunction With**

The following psychiatric "primary procedures":

- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M
- Group psychotherapy, 90853

When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work *intensity* of the psychotherapy service, and does not change the *time* for the psychotherapy service.

**May Not Report With**

- Psychotherapy for crisis (90839, 90840)
- E/M *alone*, i.e., E/M service *not* reported in conjunction with a psychotherapy add-on service
- Family psychotherapy (90846, 990847, 90849)

**Typical Patients**

Interactive complexity is often present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.

**Report 90785**

**When at least one of the following communication factors is present during the visit:**

1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for the purpose of translation or interpretation services" as that may be a violation of federal statute.

**Complicating Communication Factor Must Be Present *During* the Visit**

The following examples are *NOT* interactive complexity:

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

# Evaluation and Management Services Guide
## *Coding by Key Components*

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## History

| Chief Complaint (CC) | History of present illness (HPI) | Past, family, social history (PFSH) | Review of systems (ROS) |
|---|---|---|---|
| Reason for the visit | Location; Severity; Timing; Quality; Duration; Context; Modifying Factors; Associated signs and symptoms | Past medical; Family medical; Social | Constitutional; Eyes; Ears, Nose, Mouth, and Throat; Cardiovascular; Respiratory; Genitourinary; Musculoskeletal; Gastrointestinal; Skin/Breast; Neurological; Psychiatric; Endocrine; Hematologic/Lymphatic; Allergic/Immunologic |

| CC | HPI | PFSH | ROS | History Type |
|---|---|---|---|---|
| Yes | *Brief* (1-3 elements or 1-2 chronic conditions) | N/A | N/A | *Problem focused* (PF) |
| | | | *Problem pertinent* (1 system) | *Expanded problem focused* (EPF) |
| | *Extended* (4 elements or 3 chronic conditions) | *Pertinent* (1 element) | *Extended* (2-9 systems) | *Detailed* (DET) |
| | | *Complete* (2 elements (est) or 3 elements (new/initial)) | *Complete* (10-14 systems) | *Comprehensive* (COMP) |

## Examination

| System/body area | Examination |
|---|---|
| Constitutional | • 3/7 vital signs: sitting or standing BP, supine BP, pulse rate and regularity, respiration, temperature, height, weight<br>• General appearance |
| Musculoskeletal | • Muscle strength and tone<br>• Gait and station |
| Psychiatric | • Speech • Recent and remote memory<br>• Thought process • Attention and concentration<br>• Associations • Language<br>• Abnormal/psychotic thoughts • Fund of knowledge<br>• Judgment and insight • Mood and affect<br>• Orientation |

| Examination Elements | Examination type |
|---|---|
| 1-5 bullets | *Problem focused* (PF) |
| At least 6 bullets | *Expanded problem focused* (EPF) |
| At least 9 bullets | *Detailed* (DET) |
| All bullets in Constitutional and Psychiatric (shaded) boxes and 1 bullet in Musculoskeletal (unshaded) box | *Comprehensive* (COMP) |

## Med Dec Making

| Medical Decision Making Element | Determined by |
|---|---|
| Number of diagnoses or management options | Problem points chart |
| Amount and/or complexity of data to be reviewed | Data points chart |
| Risk of significant complications, morbidity, and/or mortality | Table of risk |

### Problem Points

| Category of Problems/Major New symptoms | Points per problem |
|---|---|
| Self-limiting or minor (stable, improved, or worsening) (max=2) | 1 |
| Established problem (to examining physician); stable or improved | 1 |
| Established problem (to examining physician); worsening | 2 |
| New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1) | 3 |
| New problem (to examining physician); additional workup planned* | 4 |
| *Additional workup does not include referring patient to another physician for future care | |

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## Medical Decision Making

### Data Points

| Categories of Data to be Reviewed (max=1 for each) | Points |
|---|---|
| Review and/or order of clinical lab tests | 1 |
| Review and/or order of tests in the radiology section of CPT | 1 |
| Review and/or order of tests in the medicine section of CPT | 1 |
| Discussion of test results with performing physician | 1 |
| Decision to obtain old records and/or obtain history from someone other than patient | 1 |
| Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider | 2 |
| Independent visualization of image, tracing, or specimen itself (not simply review report) | 2 |

### Table of Risk

| Level of Risk | Presenting Problem(s) | Diagnostic Procedure(s) Ordered | Management Options Selected |
|---|---|---|---|
| *Minimal* | One self-limited or minor problem | Venipuncture; EKG; urinalysis | Rest |
| *Low* | Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness | Arterial puncture | OTC drugs |
| *Moderate* | One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms | | Prescription drug management |
| *High* | One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function | | Drug therapy requiring intensive monitoring for toxicity |

| 2/3 elements must be met or exceeded: | Problem Points | Data Points | Risk | Complexity of Medical Decision Making |
|---|---|---|---|---|
| | 0-1 | 0-1 | Minimal | *Straightforward* |
| | 2 | 2 | Low | *Low* |
| | 3 | 3 | Moderate | *Moderate* |
| | 4 | 4 | High | *High* |

## CPT Codes

### New Patient Office
(requires 3 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99201 | PF | PF | Straightforward |
| 99202 | EPF | EPF | Straightforward |
| 99203 | DET | DET | Low |
| 99204 | COMP | COMP | Moderate |
| 99205 | COMP | COMP | High |

### Established Patient Office
(requires 2 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99211 | N/A | N/A | N/A |
| 99212 | PF | PF | Straightforward |
| 99213 | EPF | EPF | Low |
| 99214 | DET | DET | Moderate |
| 99215 | COMP | COMP | High |

### Initial Hospital/PHP
(requires 3 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99221 | DET | DET | Straightforward |
| 99222 | COMP | COMP | Moderate |
| 99223 | COMP | COMP | High |

### Subsequent Hospital/PHP
(requires 2 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99231 | PF | PF | Straightforward |
| 99232 | EPF | EPF | Moderate |
| 99233 | DET | DET | High |