

CPT Code Changes for 2013 (Behavioral Health)

Overview

Effective January 1, 2013 there will be changes to some Current Procedural Terminology (CPT) codes—deleted codes and replacement codes. The list of changes for behavioral health is not lengthy. In addition to code changes, the concept of “Add Ons” has been introduced. Add Ons are additional CPT codes that can be billed in addition to the primary code during a session. An Add On code cannot be billed as a stand-alone code. In some cases (seemingly very rare—usually for crisis sessions) there are some cases where the number of Add Ons could be lengthy. In the literature, an Add On code is designated by a “+” icon in front of the code (Note: you do not add the “+” icon when billing the code). Certain Add On CPT codes can only be added onto certain primary CPT codes. These are reflected in the table below showing code changes.

Code Changes

Following is a crosswalk table showing deleted codes and their replacements. Definitions of Add On codes are presented below the table. The table below provides a crosswalk between the CPT coding options in 2012 to the CPT coding options that take effect on January 1, 2013. In addition to new numbers and revised or new descriptors Add-On codes have been introduced as mentioned above. This list includes only those codes that have been revised in some way, and is not a full list of CPT codes describing psychiatric work.

2012 **DELETED** Codes

Initial Psychiatric Evaluation

90801, psychiatric diagnostic evaluation

90802, interactive psychiatric diagnostic evaluation

Outpatient Psychotherapy

(Time is face-to-face with patient)

90804, outpatient psychotherapy 20-30 min

90816, medical psychotherapy 20-30 min *inpatient*

90805, outpatient psychotherapy w/ E/M services 20-30 min.

90806, outpatient psychotherapy 45-50 min.

90818, medical psychotherapy 45-50 min *inpatient*

90807, outpatient psychotherapy w/ E/M services 45-50 min.

90808, outpatient psychotherapy 75-80 min.

90821, medical psychotherapy 75-80 min *inpatient*

90809, outpatient psychotherapy w/ E/M services 75-80 min.

Replacement 2013 Code(s) and Add Ons

90791, psychiatric diagnostic evaluation (with no medical services)

90792, psychiatric diagnostic evaluation with medical services (this includes prescribing of medications)* Evaluation/Management (E/M) new patient codes may be used in lieu of 90792)

90791 or **90792**, with **+90785** (interactive complexity add-on code)

(Time is with patient and/or family and is no longer site specific.)

90832, psychotherapy, 30 min (actual time can be 16-37 min)

Appropriate outpatient E/M code (not selected on basis of time), and

+90833, 30-minute psychotherapy add-on code

90834, psychotherapy, 45 min (actual time can be 38-52 min)

Appropriate outpatient E/M code-99xxx (not selected on basis of time), and

+90836, 45-minute psychotherapy add-on code

90837, psychotherapy, 60 min (actual time can be 53-67 min)

Appropriate outpatient E/M code-99xxx (not selected on basis of time), and

+90838, 60-minute psychotherapy add-on code

Outpatient Interactive Psychotherapy

(Time is face-to-face with patient)

90810, interactive psychotherapy, 20-30 min.

90811, interactive psychotherapy w/ E/M, 20-30 min.

90812, interactive psychotherapy, 45-50 min.

90813, interactive psychotherapy w/ E/M, 45-50 min.

90814, interactive psychotherapy, 75-80 min.

90815, interactive psychotherapy w/ E/M, 75-80 min.

Other Psychiatric Services or Procedures

90862, pharmacologic management

(Time is with patient and/or family and is no longer site specific.)

90832 psychotherapy, 30 min., and

+90785, interactive complexity add-on code

Appropriate outpatient E/M code-99xxx (not selected on basis of time), and

+90833, 30-minute psychotherapy add-on code, and

+90785, interactive complexity add-on code

90834, psychotherapy, 45 min. and

+90785, interactive complexity add-on code

Appropriate outpatient E/M code-99xxx (not selected on basis of time), and

+90836, 45-minute psychotherapy add-on code, and

+90785, interactive complexity add-on code

90837, psychotherapy, 60 min., and

+90785, interactive complexity add-on code

Appropriate outpatient E/M code-99xxx (not selected on basis of time), and

+90838, 60-minute psychotherapy add-on code, and

+90785, interactive complexity add-on code

Appropriate E/M code-99xxx

(Note: A new Add On code, +90863, pharmacologic management, including prescription and review of medication, can be added to a primary psychotherapy code-90833, 90836, 90837-but NOT with an E/M code. This Add On code should *NEVER* be used by a physician, only by a Prescribing Psychologist.)

* Note: "With Medical Services" refers to medical "thinking" as well as medical activities, such as physical examination, prescription of medication, and review and ordering of medical diagnostic tests.

Add On Codes and Definitions:

+90785, Interactive Complexity (a full description of Interactive Complexity is given below in this document)

+90833, 30-minute psychotherapy add-on code (can be combined with any E/M code; a separate diagnosis is *not* required for the reporting of E/M and psychotherapy on the same date of service)

+90836, 45-minute psychotherapy add-on code (can be combined with any E/M code; a separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service)

+90838, 60-minute psychotherapy add-on code (can be combined with any E/M code; a separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service)

+90840, 30-minute psychotherapy for crisis add-on code (can apply as many of these as needed to cover the amount of time spent with the consumer in crisis)

Description: “Interactive Complexity” (Add On CPT Code 90785)

Definition	A new concept in 2013, interactive complexity refers to 4 specific communication factors <i>during</i> a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code 90785 .	Typical Patients	<ul style="list-style-type: none">· 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. <p>Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.</p>
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”: <ul style="list-style-type: none">· Psychiatric diagnostic evaluation, 90791, 90792· Psychotherapy, 90832, 90834, 90837· Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M· Group psychotherapy, 90853 <p>When performed with</p>	Report 90785	When at least one of the following communication factors is present during the visit: <ol style="list-style-type: none">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/behavior

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.

that interfere with implementation of the treatment plan.

3. Evidence/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.

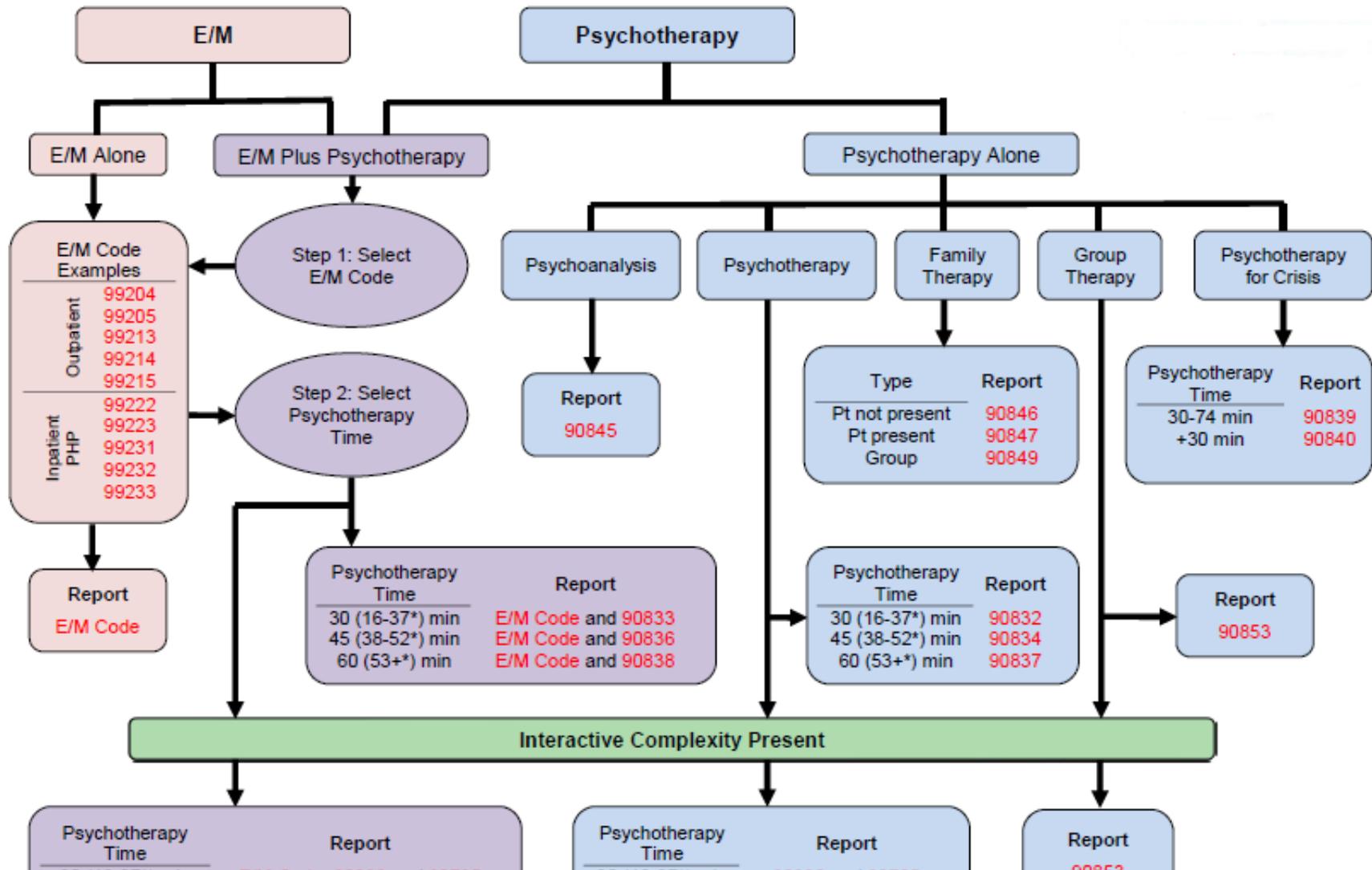
4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

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)
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Evaluation and Management (E/M) and Psychotherapy Coding Algorithm

(From the American Academy of Child and Adolescent Psychiatry)



Possible CPT Primary and Add On Code Combinations Allowed for Billing (based on the algorithm above):

Evaluation and Management (E/M) (Outpatient)

99204...or...

99204 + 90833

99204 + 90836

99204 + 90838

99204 + 90833 + 90785

99204 + 90836 + 90785

99204 + 90838 + 90785

99205...or...

99205 + 90833

99205 + 90836

99205 + 90838

99205 + 90833+90785

99205 + 90836+90785

99205 + 90838+90785

99213...or...

99213 +90833

99213+90836

99213+ 90838

99213 +90833+90785

99213+ 90836+90785

99213+ 90838+90785

99214...or...

99214+90833

99214+90836

99214+90838

99214+90833+90785

99214+90836+90785

99214+90838+90785

99215...or...

99215+90833

99215+90836

99215+90838

99215+90833+90785

99215+90836+90785

99215+90838+90785

Evaluation and Management (E/M) (Inpatient)

99222...or...

99222+90833
99222+90836
99222+90838
99222+90833+90785
99222+90836+90785
99222+90838+90785

99223...or...
99223+90833
99223+90836
99223+90838
99223+90833+90785
99223+90836+90785
99223+90838+90785

99231...or...
99231+90833
99231+90836
99231+90838
99231+90833+90785
99231+90836+90785
99231+90838+90785

99232...or---
99232+90833
99232+90836
99232+90838
99232+90833+90785
99232+90836+90785
99232+90838+90785

99233...or...
99233+90833
99233+90836
99233+90838
99233+90833+90785
99233+90836+90785
99233+90838+90785

Psychiatric Diagnostic Evaluation

90791...or...
90791+90785

Note #1: this code/code combination cannot be reported on the same day as a psychotherapy or E/M service.

Note #2: this code/code combination can be reported more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants on different days.

90792...or...
90792+90785

Note #1: this code/code combination cannot be reported on the same day as a psychotherapy or E/M service.

Note #2: this code/code combination can be reported more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants on different days.

Psychotherapy

90832...or...
90832+90785

90834...or...
90834+90785

90837...or...
90837+90785

90839...or...
90839+90840
90839+90840+90840+...etc. (e.g., you can keep adding more '90840's to cover the time you spent with this session)

90845
90846
90847
90849

90853...or...
90853+90785

Definitions of Commonly Used Evaluation and Management (E/M) Codes

(Note: These did not change; they are presented here as reference only)

Outpatient

1. **E/M New Patient (Outpatient): CPT Code 99201**
 1. Key Components (All 3 meet or exceed requirements)
 1. E/M Problem Focused History
 2. E/M Problem Focused Exam
 3. E/M Straightforward Medical Decision
 2. E/M Self Limited or Minor Problem
 3. Physician Time: **10 minutes**

2. **E/M New Patient (Outpatient): CPT Code 99202**

1. Key Components (All 3 meet or exceed requirements)
 1. E/M Expanded Problem Focused History
 2. E/M Expanded Problem Focused Exam
 3. E/M Straightforward Medical Decision
 2. Problem severity
 1. E/M Low Severity Problem
 2. E/M Moderate Severity Problem
 3. Physician Time: 20 minutes
3. **E/M New Patient (Outpatient): CPT Code 99203**
1. Key Components (All 3 meet or exceed requirements)
 1. E/M Detailed History
 2. E/M Detailed Exam
 3. E/M Low Complexity Medical Decision
 2. E/M Moderate Severity Problem
 3. Physician Time: 30 minutes
4. **E/M New Patient (Outpatient): CPT Code 99204**
1. Key Components (All 3 meet or exceed requirements)
 1. E/M Comprehensive History
 2. E/M Comprehensive Exam
 3. E/M Moderate Complexity Medical Decision
 2. Problem Severity
 1. E/M Moderate Severity Problem
 2. E/M High Severity Problem
 3. Physician Time: 45 minutes
5. **E/M New Patient (Outpatient): CPT Code 99205**
1. Key Components (All 3 meet or exceed requirements)
 1. E/M Comprehensive History
 2. E/M Comprehensive Exam
 3. E/M High Complexity Medical Decision
 2. Problem Severity
 1. E/M Moderate Severity Problem
 2. E/M High Severity Problem
 3. Physician Time: 60 minutes
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1. **E/M Established Patient (Outpatient): CPT Code 99211**
1. Key components not required
 2. Physician need not be present (only supervising)
 3. E/M Minimal Problem
 4. Staff Time: 5 minutes
2. **E/M Established Patient (Outpatient): CPT Code 99212**
1. Key Components (2 of 3 meet or exceed requirements)
 1. E/M Problem Focused History
 2. E/M Problem Focused Exam

3. E/M Straightforward Medical Decision
2. E/M Self Limited or Minor Problem
3. Physician Time: 10 minutes

3. **E/M Established Patient (Outpatient): CPT Code 99213**

1. Key Components (2 of 3 meet or exceed requirements)
 1. E/M Expanded Problem Focused History
 2. E/M Expanded Problem Focused Exam
 3. E/M Low Complexity Medical Decision
2. Problem severity
 1. E/M Low Severity Problem
 2. E/M Moderate Severity Problem
3. Physician Time: 15 minutes

4. **E/M Established Patient (Outpatient): CPT Code 99214**

1. Key Components (2 of 3 meet or exceed requirements)
 1. E/M Detailed History
 2. E/M Detailed Exam
 3. E/M Moderate Complexity Medical Decision
2. Problem Severity
 1. E/M Moderate Severity Problem
 2. E/M High Severity Problem
3. Physician Time: 25 minutes

5. **E/M Established Patient (Outpatient):: CPT Code 99215**

1. Key Components (2 of 3 meet or exceed requirements)
 1. E/M Comprehensive History
 2. E/M Comprehensive Exam
 3. E/M High Complexity Medical Decision
2. Problem Severity
 1. E/M Moderate Severity Problem
 2. E/M High Severity Problem
3. Physician Time: 40 minutes

Inpatient

1. **E/M New Patient Admission (Inpatient):: CPT Code 99222**

1. Mid-level hospital admission code used for an initial visit if the patient is considered inpatient status. In addition to billing critical care codes CPT 99291 and 99292 on admission, the only three evaluation and management codes that can be used for the initial inpatient hospital admission process are CPT 99221 (low level), CPT 99222 (mid-level) or CPT 99223 (high level). *Which code you pick is dependent on what your documentation supports.*

2. **E/M Post-Admission (Inpatient):: CPT Code 99231**

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three components:

1. A problem focused interval history

2. A problem focused examination
3. Medical decision making that is straightforward or of low complexity

3. **E/M Post-Admission (Inpatient): CPT Code 99232**

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three components:

1. An expanded problem focused interval history
2. An expanded problem focused examination
3. Medical decision making of moderate complexity

4. **E/M Post-Admission (Inpatient):: CPT Code 99233**

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three components:

1. A detailed interval history
2. A detailed examination
3. Medical decision making of high complexity