October 9, 2012

90801 Initial Evaluation  
**Code is being replaced with either 90791 (eval only) or 90792 (with medical services)**  
90862 Med Management  
Code will no longer be available in 2013  
  
**Instead we will be asked to choose an Evaluation & management ( E & M) code appropriate to level of care. There are 10 codes in this range, however 5 codes (99201-99205) are only used for new patients and assuming each client is already established or for new patients has had the evaluation prior to this visit, those codes are not relevant. Of the remaining 5 codes (99211-99215) we can likely eliminate 99211 as that is used for a RN visit in a docs office, brief and of minimal level of care. The 99215 at the other end is highly unlikely due to the requirements given to meet the code.**  
**That leaves us with 99212, 99213 & 99214…and we will need to come to some understanding for clinicians as to which code will be most appropriate each time. (See spreadsheet)**

**There will also be options for those times when the E & M PLUS psychotherapy is provided in the same session, taking the place of 90805 and like codes.**  
90804/90806/90808 Outpatient Psychotherapy  
  
**These codes being replaced with 90832, 90834 & 90837 however instead of 20-30, 45-50 or 75-80 minutes, the new time standard will be 30 minutes, 45 minutes and 60 minutes.   
  
90832 30 minutes – time range allowed 16 - 37 minutes  
90834 45 minutes – time range allowed 38 – 52 minutes  
90837 60 minutes – time range allowed anything beyond 53 minutes.**

(Given the times reduced, I would not be surprised to see lowered reimbursement on this subset.)

**90839 Psychotherapy for crisis, first 60 minutes**

**90840 Psychotherapy for crisis, each additional 30 minutes (Listed in addition to 90839)**  
**New Code Interactive Complexity  
  
There will be an add-on code +90785 for “interactive complexity” which appears to be defined by other parties involved in the evaluation and will not be based on time spent, but rather only on increased work intensity. Most examples point to a child for example with parent(s) present to assist, however it will also apply to anyone in a guardian situation, social worker, care giver assisting from an outside agency or use of a translator/interpreter. This code can be used for initial evaluation & Individual Psychotherapy visits, but not for med management services and must be reported as an “add-on” to the primary code.**

**AMA has defined 4 specific communications difficulties that could be encountered and would allow use of this additional code/reimbursement.**

1. **Maladaptive Communications – the need to manage maladaptive communications (examples – high anxiety, high reactivity, repeated questions, disagreement) among participants that complicates delivery of care.**
2. **Caregiver Emotions/Behavior – caregiver emotions /behavior that interfere with implementation of the treatment plan**
3. **Sentinel Event – Evidence or disclosure of a sentinel event and mandated report to a third party with initiation of discussion of the sentinel event and/or report with the patient and other visit participants.**
4. **Communications barriers – Use of play equipment, physical devices, interpreter or translator to overcome significant communications barriers.**