Speaker 1: Good day everyone. The American Psychiatric Nurses Association is pleased to welcome you to the 2013 psychiatric CPT code update. If you need technical assistance at any time while viewing the program, please send an email to apna@compartners.com. I would like to draw your attention to the left side of your screen. You will see the links box which contains links to websites and documents including the presentation slides that are resource information relative to the program. You may click on any of the links during the presentation and they will open in a separate web browser window. In order to receive continuing education contact hours for this session, you must view the entire program. At the conclusion of the presentation, you'll be provide a website link and a certificate code to complete the post-test and evaluation to obtain a certificate of competition. And now, it is my pleasure to turn the program over to Dr. Sandra Cadena. Dr. Cadena, welcome to the program. Let's get started.

Cadena: Welcome. It is a pleasure to be here and to share with our audience the 2013 psychiatric CPT codes update. Actually, this is a webinar that has been developed with the American Psychiatric Nurses Association and there are two additional webinars that complement this information. We've divided the information because quite honestly sometimes it is overwhelming for practitioners to understand as well as utilize CPT codes. With the 2013 changes that are upon us, it may be more helpful to be able to look at information in separate aspects.

Today we're going to be covering the two objectives within this webinar. I'll share with you a sum description of the revisions to the current procedural terminology or CPT codes that are related to all psychiatric billing and documentation. I'll also integrate information that will compare and contrast what we have currently been using with the existing codes for purposes of psychiatric mental health nursing practice. We'll spend the rest of the opportunity together reviewing what we had to, in essence, live with for over 15 years and the new and exciting opportunities for CPT codes, billing, and documentation responsibilities.

There are five categories of CPT codes that we use in psychiatry. There is diagnostic categories, psychotherapy categories as we will address individually as if they are alone, psychotherapy with E& M which stands for evaluation and management codes. We'll also talk about a category listed as other psychotherapy. And finally other psychiatric services. Again based on previous CPT codes and documentation and what we will not be required to use in the year 2013 and forward.

In the diagnostic codes of the year 2012 and again many year prior to that, we've had two options of CPT codes for diagnostics. The diagnostic interview examination, 90801 or the interactive diagnostic interview examination 90802. In essence, the only choices available to many psychiatric healthcare providers and nurse practitioners. In 2013, we have in essence deleted these two codes. As of January 1st, 90801 or --01 as has been commonly utilized, will no longer be codes available when you do that first initial interview and examination on a patient.

What we had been able to do and I have been privileged to be part of the process of which it is was a several year process, in analyzing the current codes and developing diagnostic codes as well as all the other psychotherapy codes that were a true reflection of the level of complexity of patients that we see as well as the heightened complexity of care.

Now we have several options as far as identifying the type of diagnostic evaluation. 90791 which you see here in two areas within this slide, is a diagnostic evaluation without a medical component to it. 90792's a diagnostic evaluation with a medical component to it. Psychiatric nurse practitioners and psychiatric clinical specialists based on our training, education, and experience, in all likelihood is predominately a 90792.

In the far right hand column you will see important interactive complexity. I've covered the interactive complexity concept criteria and information toward the end of this presentation. What it is in essence, and you'll see that throughout the various slides as we continue talking, is that this is a add-on code. You'll see a plus sign with a 90785. What this reflects is an additional level of difficulty primarily focused on communication difficulties involving seeing patients and/or patient's families. So bear with me a little bit. We'll return to interactive complexity codes. For right now, what you see is that you do a 90791 with no medical component that you may or may not utilize a 90785 in addition. So as a psychiatric nurse practitioner, if you see a patient for example for the very first time and do that diagnostic evaluation with the integrated medical aspects and if you do a complete history and physical, if you collect prior medical history and information, if you review lab tests, if you review medications, all of those components fit into the definition of medical. If you were doing 90792 and your patient's therapy session fits the criteria of interactive complexity, you would for example bill 90792 and 90785 together as one service.

The psychotherapy codes that we have utilized for many years have also been very limited. They had been billed and used dependent on the integral of time. For example, you will see individual psychotherapy in 20-30 minute increments, 45-50, and 75-80 minutes. You would have used the CPT code of 90804, --06, or --08. The interactive individual psychotherapy code, and for many of you that have worked with children, utilized interpreters or translators, utilize some type of communicative device, all of those aspects fit the definition of interactive individual psychotherapy. Again, services were provided and billed based on time.

2013 we have deleted all of these code numbers and have substituted them with something that all the psychiatric and mental health societies and organizations have come to agreement which is a better reflection of the type of treatment and the complexity of patients that we see. The aspect of time is still integrated within the psychotherapy session. There is a CPT rule of time that we all must now adhere to. Psychotherapy for 30 minutes indicates that it can be between 16 to 37 minutes increment of a therapy session. Included within that factor is preparation time, actual time within the service that's being provided, and it's post-service time, time that you might utilize as a provider for documentation and/or any follow-up types of intervention or intervention aspects. The CPT code changes are the numbers that you see in front of you. At 30 minutes which again ranges between 16 to 37 minutes, will now be called a 90832. The recent opportunity within psychotherapy codes to add on a 90785 code when it is appropriate throughout all of the three psychotherapy service codes that are being provided.

The interactive psychotherapy codes continue to be able to be utilized. We have new code numbers and the interactive complexity is automatically, if you would, mandated to be included. Again, when we get toward that component of the webinar, I'll share with you the definition and utilization of interactive complexity. We have that option and it is again an opportunity to truly reflect on the type of service that we provide.

The next category of psychiatric codes is the psychotherapy with the evaluation and management, or E&M codes. In 2012 and prior we would utilize these codes as defined. For example, in the individual psychotherapy with E&M there was the time component, 20-30 minutes but we also provided a service as it sits the definition of criteria for evaluation and management codes. Hence we had new codes, 90805 for that 20-30 minute increment, 90807 for the 45-50 increments.

Providers who have the education, training, and experience, to provide evaluation and management codes are the only ones who will continue to be, of course, allowed to utilize providing the service as well as billing for that service. We've changed many of these code numbers to reflect not only the evaluation and management provision of care but also to tease out the psychotherapy component. For example in my practice many times I would do an evaluation and management of a medical condition. We view patient's medical medications, perhaps even for example the individual would have co-morbid diagnosis of diabetes and hypertension and so when I would see my patients for that 20-30 minute service, I would quite often have to integrate some psychotherapy aspects of treatment, evaluation and management aspects of treatment, and then if there was an enhanced level of complexity about this patient and this patient's care, the only opportunity that I would have to bill for the services was that 90805. Quite often it did not reflect the level of knowledge, expertise, and thinking processes that are integrated within that type of service provision.

In 2013, there have been some significant changes. The evaluation and management codes would be codes that can be added on to a psychotherapy code and if there is an interactive complexity code, that also can be added on. There's a separate webinar, if you are not that familiar with the evaluation and management codes, and I would encourage you to also listen to the very comprehensive overview of E&M and how it can be utilized, and the criteria that must be met in the provision and level of services. Psychotherapy and the evaluation and management code and interactive complexity, it is very possible that the code that I had utilized in the past for that 20-30 increment, what I indeed provided a multitude of layered services, I now would submit coding in my billing department that had three codes to reflect one service. We would do a 90833 and the evaluation management code which might be a 99212, and if the patient and the service provide in that the interactive complexity you would have a 90785. It's very possible again, it's a service that you provide and document appropriately to reflect the provided service. There may be three codes attached, you would select the one date of service.

Other psychotherapy codes that we have used in the past and further changes that if you look on the slide in front of you, we've retained the family psychotherapy and the group psychotherapy codes with no changes. We have deleted the interactive group psychotherapy code. For those of you who practice family and/or group psychotherapy, those codes will remain the same.

Other psychotherapy codes that seem to not quite fit into a category is a new psychotherapy for crisis code. That makes psychotherapy code, like I said in the group, are the same but there are some restrictions and limitations when reporting an interactive complexity in some of these codes. For example, for psychotherapy for crisis, 90839 code, and/or a 90840 code, again there's some relatively simple but straightforward definitions of criteria for the provision of that code.

Finally, the other psychiatric services is the pharmacological management of 90862. In my practice over several years, I have always found that a 90862 which there has been no time restriction of time limitation to, quite often never reflected the level of care that was provided. 90862 I think has been over-utilized from my perspective, in some ways. It doesn't always reflect the level of service status that it is provided. Probably one of the most significant changes that will be going into effect in January 1st of 2013 is that 90862 have been deleted.

If a component of the psychiatric services evaluation and management that you've been hearing me talk about throughout this webinar, is that it is very specific E&M code. Quite often mental health providers utilize E&M codes alone. Again, it has in the past not always reflected the type of service intended as provided but those are available to you. To utilize them and truly effect the type of service provided. You can not add on an interactive complexity code directly to evaluation and management code.

I want to bring your attention to the coding algorithm. It is the code selection algorithm that's available to you to upload that you'll see in the links. This was given to us graciously by the American Academy of Child and Adolescent Psychiatry, one of the societies that we work very closely with in the development of these code changes. It's a very useful algorithm that truly spells out some examples and some steps that you can utilize to make decisions as to what type of service is being provided, what codes you should be able to select from the choices based on the service. What I have done is take each of this algorithm, excuse me, take the algorithm and its components, steps if you would, and highlight them and to utilize some examples so to give you an opportunity to kind of clarify even more I had covered over briefly.

In step one, and I've taken that left hand slide of the algorithm is that E&M or evaluation and management code. You would in seeing a patient in your office, in your practice, in your clinic. You would first select the E&M code that reflects the treatment. Then whether you're seeing the patient in an inpatient or

outpatient setting, select the psychotherapy time. Remember the CPT rule time that have a range of time. In deciding which code or code combination would best reflect your service. The psychotherapy time codes, the examples again, 30, 45, and 60 minutes, with that CPT time rule, that evaluation and management code in addition to the time code for the psychotherapy. Again, you would submit two codes to reflect one increment of service.

The second or the middle aspect of that algorithm looks at psychotherapy. If you're providing psychotherapy and psychotherapy alone, not with an evaluation and management component to it, it gives you the various aspects. Psychoanalysis which I had not mentioned earlier, the code number has not been changed, it continues to be 90845. If you provide that type of service. Psychotherapy is in the 30, 45, and 60 increment minutes again with that range. Family therapy, one of the new kind of somewhat unique aspects to family therapy is that family therapy definition now includes patients' present, patients' not present as well as group family therapy. There will be a little bit different definition in the utilization of that same code.

That and looking at that total algorithm is that middle component, that middle section, that talks about psychotherapy. Again, there's a report count codes with the time interval range available to you that include preparation, actual service delivery time, and post service delivery time. Family therapy, patient present, not present, or group and the report codes are 90846, --47, and --49.

The third aspect or the far right hand side of the coding algorithm looks at psychotherapy that focuses on group therapy. The 90853 code as well as the psychotherapy for crisis. Psychotherapy for crisis has two time components. One of 30-74 minutes and one plus or minus, that's an error on my slide, of 30 minutes. Again, you can not attach a complexity code to a psychotherapy code. If at some point in time in the data collection once we start utilizing these codes, there's a reflection that indeed it is not capturing the level of service, that might also be reviewed. At this point in time, your 90839 and 90840 under the psychotherapy for crisis code, and what is it that we need to be able to use.

Alright, interactive complexity present if indeed and the example I had given you earlier was that for example you did a 30 minute session that you utilized evaluation and management criteria and there was a level of complexity present, you would use three codes together in order to submit the billing and the documentation also of course needs to reflect those three aspects of service that are being provided. Interactive complexity is present in psychotherapy without

evaluation and management, the new code 90832, --34, and --37 and those complexities is at the add-on of 90785. There is only one interactive complexity code that can be utilized in a multitude of ways with services provided. In group therapy, 90853 and 90785, again that complexity code for therapy group.

I talk a lot about interactive complexity. It is a brand new concept starting in 2013. It refers to very specific communication factors that are present during a visit. You only need to identify and to utilize one of the four communication factors during a visit. Interactive complexity complicates the delivery of a, what is termed, primary psychiatric procedure. You would report your add-on code of 90785 to the service that is being provided. Primary psychiatric procedure is the service such as the individual psychotherapy that is being provided. That is what is being defined as primary psychiatric procedure. The four factors, and again you only need to meet the criteria of one to utilize the complexity code. The first one is that within the therapy session itself that as a professional define that you have to manage has been chose maladaptive to this patient. It has the implications that it will create a significant complications or difficulties in the delivery of care during the session. I'm sure you can think of many examples yourself as a practitioner where there is and I'll utilize and example actually from my practice, of a person that came to a follow-up pharmacological management appointment and who experienced severe anxiety attack within the first several minutes of that schedule appointment. There is a great deal of time, of course, utilized in that difficult situation and the patient's extreme high anxiety, hyperventilation, complaints of chest pain, attacks and utilize a great deal of my expertise in being able to management that level of communication to be able to ascertain my treatment of choice in the intervention that was needed at that moment.

A second factor that can be considered complexity is that a caregiver, either their affective responses or their behaviors, interfere with the implementation of the plan that you and the patient had developed. The caregiver may or may not need to be present at the time. Quite often when this type of scenario presents itself, caregivers are available. Another example that I can share with you from my practice is that I had been following a young gentleman with Klinefelter's Syndrome who had a significant level of dependency upon his mother. As he continued to improve under treatment, his mother who was the primary caregiver presented a multitude of behaviors both in and outside of the service session that created some significant difficulties and interfered with the implementation of the plan. In mode of dealing with her son was

counterproductive after his improvement. In that kind of a situation, a therapy session that I would provide would indeed meet the criteria of interactive complexity. Again, I think that's a nice example that the type of service that we have provided has very little opportunity to reflect what we have actually been done in providing comprehensive services.

A third factor that may be evident to meet the definition of interactive complexity is the evidence or disclosure of a sentinel event and a mandated report. There's an example given here on the slide in front of you about _____ type of report to the agency. You may have found yourself in your work settings and practice settings where indeed there is a report of child abuse or elder abuse or those types of situations that mandate your reporting to the appropriate agency. The disclosure and evidence of that event during the therapy session can certainly complicate the ongoing session, the interactions that you have with patient, and/or the patient's family during that visit time. That's a third criteria, a factor. Again, you only have to have one of these factors within the therapy to utilize that complexity add-on.

The fourth one is a kind of differs if you would back to how we used interactive prior to 2013. If you provide services where you would use any type of play equipment in working with children, any type of physical devices in translation, relaying information, either you utilize it or the patient does, as well as language barriers on people who have coveted impairment that have difficulty expressing receptive language and meet the criteria for that add-on for levels of complexity.

Again, you only need one communication factor between the patient to incorporate that interactive complexity add-on code. It can be recorded in a conjunction with your "primary procedure codes" whether it is a individual code based on the time. I guess one other component to keep in mind is that code that complexity code is always used as an add-on code. You never report it alone. It always has to be in conjunction with one if not two of the codes that you're utilizing to reflect service.

To kind of recap a little bit. Psychiatric diagnostic evaluation codes are now 90791 or --92. Psychotherapy codes we changed the numbers and some of the definitions. Psychotherapy add-on codes when reported with evaluation and management, again I urge you to reflect on the E&M webinar to get a much more comprehensive information about evaluation and management. Group psychotherapy, 90853, is considered a primary procedure code. And I had said earlier, 90875 the complexity code, is not to be used with psychotherapy for

crisis. Evaluation and management and a 90875 code are not to be used alone together. Think about interactive complexity code as the enhanced difficulties that you are experiencing with a patient during a psychotherapy session. And finally, psychotherapy 90875, I'm afraid sometimes it can just be family psychotherapy, it is complex enough. In the definition itself a family psychotherapy 90875 that complexity code can not be added to it.

In performing psychotherapy, keep in mind that that 90875, that add-on code, relates to the increased work intensity. It doesn't change the length of time that you're providing the service. I think that's a nice way to truly capture, as I had said earlier on, the complexity of the patient and the care that we provide. If you're looking at a straightforward psychotherapy session with no evaluation and management of any medical condition and there's no complexity in the sense that it does not meet any one of the four criteria, then you would report that simple psychotherapy of 90832. It doesn't change the time when you use an add-on code, it reflects only about the increased work intensity and difficulties, if you would. I think that might be helpful to keep that in mind as we start to use it integrate this new coding opportunities.

Finally, 2013 CPT codes really do reflect, we believe, the actual practice that we as providers have been conducting for many years. As we continue as advance practitioners that diagnose and treat patients with physical as well as psychiatric co-morbidities, as we continue to treat patients with complicated histories, an opportunity to reflect with the documentation that really defines and describes the type of service that is being provided. Treatment will continue to increase. I believe it will be charged with more coordination of care, more involvement of other providers in coordinating that care, sharing information, integrating both unique medical and mental health aspects of patient treatment. There'll be increased demands from social organizations to link patients and to link our services perhaps. Family members as they become more involved and more integrated as advocates for mental health care, will increase the amount of time and effort and in all likelihood, complexity of the type of treatment and care that we provide for people.

I have references for you when you take an opportunity to review. Again, I would sincerely like to thank the American Academy of Children and Adolescent Society and some of the colleagues I've worked with. There are online webinars that they had given us permission to utilize. The American Psychiatric Association, if you have an opportunity to go out to www.psych.org practice. There are

opportunities if you're a nonmember to access all the information that psychiatric services crosswalk, for example, that's available to you to upload as a link came from AACP as well as the APA. It is public information out there and again I truly thank them for being such good partners and colleagues in the development and presentation of these codes. There's also the Medicare learning network with a lot of information about evaluation and management services and codes for those of you who have utilized them on an ongoing basis, they have not changed, but I think that the way that we will be able to utilize them in the psych service certainly will be enhanced.

I encourage you to reflect not only on that E&M webinar but we also have for people who really want to get a better sense of what does CPT and RUC and all of these other terms perhaps that you have heard before in the past. A lot of those coding agencies and how we as society are integrated into making those decisions, I strongly encourage you to listen to on the additional webinar that talks about a historical perspective on how we have evolved and gotten to this point and how critical it is for us to continue to be at the decision table in providing input, providing information, and giving that information and making it available to all of our colleagues who provide mental health care.

I thank you. I certainly hope that you find the information helpful and that is somewhat uncomplicated the new CPT codes. We truly believe that the changes will give you the additional options to code service and give us an opportunity to truly reflect on the level of accomplished care that we provide. This is Dr. Sandra Cadena. It has been my pleasure to spend this opportunity to discuss things with you. Thank you very much.

Speaker 1: And with that we will conclude the 2013 psychiatric CPT code update. Please follow the URL now on your screen or click on the evaluation link in the links box to complete the evaluation and post-test to received your CE certificate for this session. Please take note of the certificate codes that is appearing on your screen. You will need this to complete the process. Once you have completed the post-test and evaluation you will be able to print your CE certificate. Today's program is copyright 2012 by the American Psychiatric Nurses Association, with all rights reserved.