

CPT CODES WILL CHANGE ON JANUARY 1, 2013

**Compiled by the Committee on Government Relations & Insurance and
 the Practice Building Committee**

Special points of interest:

- A distinction is made between an initial evaluation done by a physician and a non-physician.
- Psychoanalysis is a different therapeutic modality than psychotherapy.
- Procedure code 90845 involves the practice of psychoanalysis.
- The new psychotherapy codes are no longer for a range of times, but for a specific time.

Inside this issue:

| | |
|---|---|
| Introduction | 1 |
| Psychoanalysis: Code 90845 | 2 |
| Medicare Coverage | 2 |
| Codes for Psychiatrists | 3 |
| The Fate of 2012 Codes | 4 |
| Codes for Psychologists, Social Workers & Others | 5 |
| Coding Algorithm | 6 |

Introduction

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 and will affect the practice of psychotherapy. 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.

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CPT CODE FOR PSYCHOANALYSIS REMAINS UNCHANGED

Psychoanalysis (90845) is the practice of psychoanalysis which uses a special technique to gain insight into a patient's unconscious motivations and conflicts and is a different therapeutic modality than psychotherapy. The medical record must document the indications for psychoanalysis, description of the transfer-

ence and that psychoanalytic techniques were used. The physician using this technique must be trained and credentialed in its use. It is not time-related, but the code may be billed once for each daily session regardless of the time involved. Reimbursement of this code is based on a 45-60 minute session. Psychoa-

nalysis is generally considered unsuitable for psychoses.

Codes 90845-90857 represent psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy and will not change in 2013.



Code 90845

Description:

Procedure code 90845 involves the practice of psychoanalysis using special techniques to gain insight into and treat a patient's unconscious motivations and conflicts using the development and resolution of a therapeutic transference to achieve therapeutic effect. It is a different therapeutic modality than psychotherapy.

Documentation:

The medical record must document the indications for psychoanalysis, description of the transference, and the psychoanalytic techniques used.

Comments:

The physician or other healthcare professional using this technique must be trained by an accredited program of psychoanalysis. 90845 is not time defined, but the service is usually 45 to 50 minutes and is billed once for each daily session.

The physician or other healthcare professional using [psychoanalysis] must be trained by an accredited program of psychoanalysis.



Medicare Coverage for Psychoanalytic Services Includes the Following Diagnostic Codes:

- 296.20 Major depressive disorder, single episode; unspecified
- 296.21 mild
- 296.22 moderate
- 296.23 severe, without mention of psychotic behavior
- 296.24 severe, specified as with psychotic behavior
- 296.25 in partial or unspecified remission
- 296.30 Major depressive disorder, recurrent episode; unspecified
- 296.31 mild
- 296.32 moderate
- 296.33 severe, without mention of psychotic behavior
- 296.34 severe, specified as with psychotic behavior
- 296.35 in partial or unspecified remission
- 296.36 in full remission
- 300.01 Panic disorder without agoraphobia
- 300.02 Generalized anxiety disorder
- 300.11 Hysteria; Conversion disorders
- 300.12 Dissociative amnesia
- 300.13 Dissociative fugue
- 300.21 Agoraphobia with panic disorder
- 300.22 Agoraphobia without mention of panic attacks
- 300.23 Social phobia
- 300.29 Other isolated or specific phobias
- 300.3 Obsessive-compulsive disorders
- 300.4 Dysthymic disorder
- 309.21 Adjustment reaction; With predominant disturbance of other emotions; Separation anxiety disorder
- V62.84 Suicidal ideation
- V62.85 Homicidal ideation

For more information, click:

[Local Coverage Documents for Outpatient Psychiatry and Psychology Services \(L26895\)](#)

Psychotherapy Codes for Psychiatrists will Change

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 16 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.

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.

| Service | CPT Code | 2013 Status |
|---|--|-------------|
| Diagnostic interview examination | 90801 | DELETED |
| Interactive diagnostic inter- | 90802 | DELETED |
| Individual psychotherapy | 90804 90806 90808 90816 90818 90821 | DELETED |
| Interactive individual psychotherapy | 90810 90812 90814 90823 90826 90828 | DELETED |
| Individual psychotherapy with E/M | 90805 90807 90809 90817 90819 90822 | DELETED |
| Interactive individual psychotherapy with E/M | 90811 90813 90815 90824 90827 90829 | DELETED |
| Family psychotherapy | 90846 90847 90849 | RETAINED |
| Group psychotherapy | 90853 | RETAINED |
| Interactive group psychotherapy | 90857 | DELETED |
| Pharmacologic management | 90862 | DELETED |
| Psychoanalysis | 90845 | RETAINED |

The Fate of the 2012 Psychiatry Codes

| 2012 Code | 2013 Code(s) |
|--|--|
| Initial Psychiatric Evaluation | |
| 90801 , psychiatric diagnostic evaluation | 90791 , psychiatric diagnostic evaluation (no medical services) 90792 , psychiatric diagnostic evaluation with medical services (E/M new patient codes may be used in lieu of 90792) |
| 90802 , interactive psychiatric diagnostic evaluation | 90791 or 90792 , with +90785 (interactive complexity add-on code) |
| Outpatient Psychotherapy | |
| (Time is face-to-face with patient) | (Time is with patient and/or family) |
| 90804 , outpatient psychotherapy 20-30 min. | 90832 , psychotherapy, 30 min. |
| 90805 , outpatient psychotherapy w/ E/M services 20-30 min. | Appropriate outpatient E/M code (not selected on basis of time), and +90833 , 30-minute psychotherapy add-on code |
| 90806 , outpatient psychotherapy 45-50 min. | 90834 , psychotherapy, 45 min. |
| 90807 , outpatient psychotherapy w/ E/M services 45-50 min. | Appropriate outpatient E/M code (not selected on basis of time), and +90836 , 45-minute psychotherapy add-on code |
| 90808 , outpatient psychotherapy 75-80 min. | 90837 , psychotherapy, 60 min. |
| 90809 , outpatient psychotherapy w/ E/M services 75-80 min. | Appropriate outpatient E/M code (not selected on basis of time), and +90838 , 60-minute psychotherapy add-on code |
| Outpatient Interactive Psychotherapy | |
| (Time is face-to-face with patient) | (Time is with patient and/or family) |
| 90810 , interactive psychotherapy, 20-30 min. | 90832 psychotherapy, 30 min., and +90785 , interactive complexity add-on code |
| 90811 , interactive psychotherapy w/ E/M, ²⁰ 30 min. | Appropriate outpatient E/M code (not selected on basis of time), and +90833 , 30-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code |
| 90812 , interactive psychotherapy, 45-50 min. | 90834 , psychotherapy, 45 min. and +90785 , interactive complexity add-on code |
| 90813 , interactive psychotherapy w/ E/M, ⁴⁵ 50 min. | Appropriate outpatient E/M code (not selected on basis of time), and +90836 , 45-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code |
| 90814 , interactive psychotherapy, 75-80 min. | 90837 , psychotherapy, 60 min., and +90785 , interactive complexity add-on code |
| 90815 , interactive psychotherapy w/ E/M, ⁷⁵ 80 min. | Appropriate outpatient E/M code (not selected on basis of time), and +90838 , 60-minute psychotherapy add-on code, and +90785 , interactive complexity add-on code |

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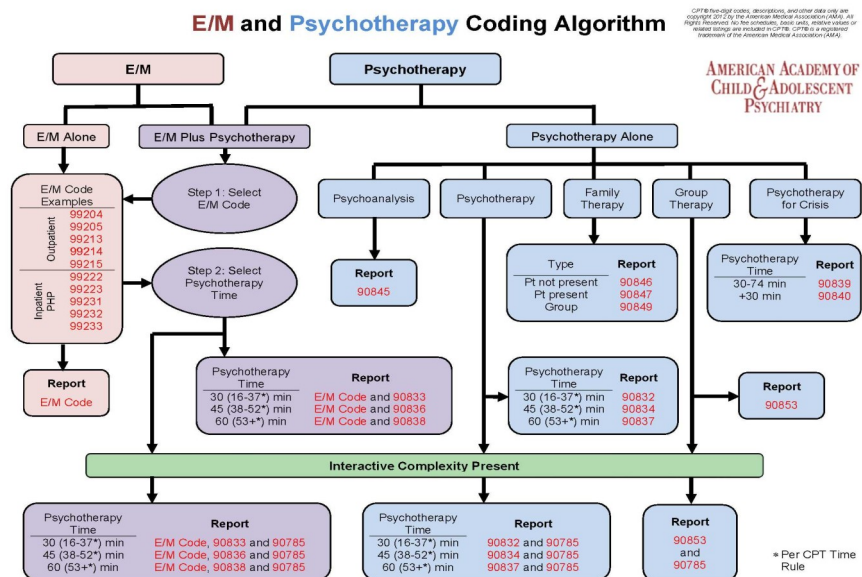
Note: When outpatient psychotherapy is with an E/M code, the E/M Code comes first, followed by a Psychotherapy Code preceded by a "+".

2013 Psychotherapy CPT® Codes for Psychologists, Social Workers & Other Clinicians

| Diagnostic interview procedures | |
|---|--|
| 90791 | Psychiatric diagnostic evaluation |
| Psychotherapy | |
| 90832 | Psychotherapy, 30 minutes with patient and/or family member |
| 90834 | Psychotherapy, 45 minutes with patient and/or family member |
| 90837 | Psychotherapy, 60 minutes with patient and/or family member |
| 90845* | <u>Psychoanalysis</u> |
| 90846* | Family psychotherapy without the patient present |
| 90847* | Family psychotherapy, conjoint psychotherapy with the patient present |
| 90849* | Multiple-family group psychotherapy |
| 90853* | Group psychotherapy (other than of a multiple-family group) |
| Interactive complexity add-on code | |
| 90785 | Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853) |
| Psychotherapy for crisis | |
| 90839 | Psychotherapy for crisis, first 60 minutes |
| 90840 | Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839 |
| Pharmacologic management add-on code | |
| 90863 | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to primary psychotherapy code (90832, 90834, 90837) |

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*Note: Codes shaded in orange are the same for 2012 and 2013.



Selecting E/M Code

- The service must be medically necessary in order to evaluate and treat the patient
- Code selection must be supported by "medical necessity"
- Services must be "separately identifiable"

E/M Add-on Categories

- History
- Examination
- Medical Decision Making
- Coordination of Care
- Time – When counseling (distinct from Psychotherapy) and coordination of care constitute more than 50% of the total time spent with the patient

Other Add-on Categories

- Interactive Complexity
- Psychotherapy for Crisis

CMS received comments suggesting that psychotherapy codes were not valued properly and needed to be readjusted. In addition to reassigning code numbers and having specific time of service rather than a range of times, the new CPT codes for psychotherapy that will be going into effect in 2013, divide services into three categories. "The Stand Alone" psychotherapy codes are similar to psychotherapy codes prior to 2013. The "Add-on Codes" are new and consist of stand alone Evaluation and Management (E/M) codes, and a hybrid consisting of E/M and psychotherapy. There is also a new add-on code for, "Interactive Complexity" (90785) pertaining to time consumed in addressing problematic communications with the patient and/or family. Finally, there is an add-on for "Psychotherapy for Crisis" (90839) for the first 60 minutes, and (+90840) for each additional 30 minutes. In order to bill for two distinct services, a Stand Alone Psychotherapy Code and an Add-On Code, the two services must be "separately identifiable."

Apart from the new codes, categories, and hybrid categories one of the reasons the CPT codes may seem daunting is that this billing scheme does not intuitively correspond with how mental health clinicians have traditionally practiced and charged for their work. A clinician seeing a patient in psychotherapy or psychoanalysis would gather information about history as part of ongoing treatment, but would not think about that activity as being separate from the treatment per se. If there were a psychological crisis, the clinician would try to manage that crisis as part of the treatment. The same would be true if there were a problem in communication with the patient or family member, requiring effort and time by the clinician. Most clinicians would consider it their ethical obligation to perform such duties without thinking about how they would get paid. If clinicians thought about it in financial terms, they perhaps believed that such standard-of-care practices were included in the fee. The new CPT codes however, will reshape this view. Adopting the new codes will initially require a different way of thinking about what we do and how we charge. For better or worse, the new codes will unbundle particular conscientious practices surrounding the treatment (narrowly defined) and make them compensable.