The Do's & Don'ts of Mental Health Coding

Presented for Anthem Blue Cross and Blue Shield
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General Clinical Psychiatric Diagnostic or Evaluation Interview (90801)

- Performed during initial phase of treatment (tx.) to establish a diagnosis & tx. protocol on adult or adolescent
1. History – **History** of present illness, past psych. history, family, social and developmental history

2. Evaluation of pt.’s **ability & willingness** to work to solve their mental problem

3. Mental health status **exam**

4. Establish of **diagnosis** (Axis I, II or III)

5. Disposition Establishment

6. Impression and treatment **goals**
90801 and Evaluation and Management (E/M) Codes

• An E/M code or consult codes may be substituted for 90801, “provided required elements of the E&M service are fulfilled”
  – Applies to psychiatrist only!
• Consultation services require a written opinion and/or advice & do not include psychiatric tx.
• Medicare requires ICD-9 diagnosis codes not DSM IV diagnosis codes on the 1500 form
Coverage of 90801

• Covered **once** per provider/discipline, at the onset of an illness or suspected illness

• **Exception**: Covered again for same pt. if a new episode of illness occurs after a “hiatus” or on admission or readmission to inpatient status due to complications of the underlying condition
Special Clinical Psychiatric Diagnostic or Evaluative Procedures (90802)

- **Description** – Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter or other mechanism of communication
- Used principally by child psychiatrists, psychologists and clinical social workers
- Performed during initial evaluation of:
  - Children unable to verbally communicate
  - Adult pts. with organic mental defects, catatonic or mute
Components of 90802

• **Includes:** History, mental status, disposition and other components as indicated with 90801

• However, in the interactive examination, the physician uses:
  – Inanimate objects, such as toys and dolls for a child, physical aids and
  – Non-verbal communication to overcome barriers to therapeutic interaction or
  – An interpreter for a deaf person or one who does not speak English
• Medical record must:
  – Indicate that the person being evaluated does not have the ability to interact through normal verbal communicative channels

• Like code 90801
  – This service may be covered once per provider/discipline at the onset of an illness or suspected illness
Documentation Do’s & Don’ts

• How do you bill for an incomplete interview?
  – Append modifier 52 to the code

• What are the payable place of services?
Psychiatric Therapeutic Procedures
Psychiatric Therapeutic Procedures

Divided into two subsections:

1. Office or other Outpatient Facility
   - Insight Oriented (90804-90809)
   - Interactive Psychotherapy (90810-90815)

2. Inpatient Hospital
   - Insight Oriented (90816-90822)
   - Interactive Psychotherapy (90823-90829)
Psychotherapy
Therapeutic Codes
(90804-90829)

- Criteria for choosing psychotherapy code:
  - Type of psychotherapy
  - Place of service
  - Face-to-face time spent with patient
  - Whether E/M furnished on the same day of service as psychotherapy
• Medical record MUST document
  – Time spent in psychotherapy encounter
  – Therapeutic maneuvers that were applied to produce therapeutic change (e.g., behavior modification, supportive interactions & interpretation of unconscious motivation)
  – Periodic summary of goals
  – Updated treatment plan
Guidelines for 90804-90829

- Individual psychotherapy codes should be used only when focus of treatment involves individual therapy and/or continuing medical diagnostic evaluation
Coding Guidelines for 90804-90829

- Cannot bill psychiatric therapy (codes 90804-90829) on the same date of service as an E&M by the same physician or mental health professional group
  - EXCEPTION:
    - A consult may be billed at the initial visit, & psychotherapy may be billed on the same DOS if it is medically indicated
• What if a therapy session is more than 30 minutes, but less than 45?
  – Round up or down to the nearest time increment

**Example**: The CSW documents 38 minutes of outpatient face to face behavior modifying psychotherapy.

CPT code: 90806
Pharmacologic Management

90862

- **90862** = Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy
  - Relevant hx obtained, mental status exam & medical decision making
- Pharmacological agents may be initiated or adjusted
Pharmacologic Management

90862

• If MD provides an E&M in addition to pharmacologic management, use an E&M code.
  – Pharmacologic management is included as part of an E&M by definition. 90862 should not be billed in addition to psychotherapy codes (See CCI edits)

• 90862 Not used for
  – Actual administration of meds, or
  – For observation of patient taking oral medication
90862 vs. M0064

90862

- In-depth management of potent psych meds with frequent serious side effects
- Not intended to refer to brief visit
- RVUs compare to 99214, time spent 25-30 minutes

M0064

- Simple dosage adjustment
- Brief office visit
- RVUs compare to 99212, time spent < 10 minutes
Central Nervous System Assessments/Tests
Central Nervous System (CNS) Assessments/Tests

- **96101** — Psychological testing (including psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology)
  - e.g., WAIS-R, Rorschach, MMPI
- **Documentation:**
  - Presence of mental illness or signs of mental illness for which testing is indicated as an aid in diagnosis & therapeutic planning
  - Test performed
  - Scoring & interpretation
  - Time involved
CNS Assessments/Tests

• **96101** – Psychological testing
  – Diagnostic aids
  – Tests used when mental illness is NOT suspected and purpose is screening = Non-covered
  – Standardized test not acceptable - each test must be medically necessary
  – Self-administered or self-scoring tests such as Holmes & Rahe Social Readjustment Rating Scale or Folstein Mini-Mental Exam (or similar test) NOT separately reimbursable – included in the clinical interview or E&M service
CNS Assessments/Tests

• Repeat testing:
  – Changes in mental illness to determine new diagnoses or the need for changes in therapeutic measure *may* require testing
  – *Not* required for diagnosis or continued treatment
  – Nonspecific or disruptive behavior without change in mental status *not* acceptable reason for testing
  – Psychological/psychiatric evals accomplished through the clinical interview alone (e.g., response to medication) would *not* require psychological testing
Psychological Testing
96102 & 96103

These codes are administered by a technician or computer respectively.

- Medicare - These codes have RVU’s for work, PE and malpractice
- 96102 can not be performed by a student or trainee and receive Medicare payment
Neuropsychological Testing 96118

• **Description**: Testing which is intended to diagnose and characterize the neurocognitive effects of medical disorders that impinge directly or indirectly on the brain

• **Examples include**:
  – Halstead-Reitan Neuropsychological Battery
  – Wechsler Memory Scales
  – Wisconsin Card Sorting Test
Neuropsychological Testing 96118

- Components of neuropsych evaluation
  - Clinical interview & mental status examination
  - Family interview
  - Behavioral observations
  - Psychometric testing
    - Testing can take up to seven hours
    - Includes the nature of specific referral question, patient’s level of impairment, motivation, endurance & ability to cooperate with exam requests
Neuropsychological Testing 96118

• Documentation:
  – Dates & times of service, tests administered, scoring, interpretation, tx. recommendation, diagnosis
  – Submit documentation with claim if testing time exceeds eight hours
96102/96119 – by Technician Billed to Medicare

- Includes face-to-face technician time and the health care provider’s interpretation & report
- The provider interprets the report must be available to furnish assistance and direction to the technician
- Add the time the provider spends interpreting the test to the time the technician spends administering it
96103/96120- by Computer Billed to Medicare

- Description includes tests administered by the computer and the interpretation and report
- Billed once regardless of number of tests
- Provider must be available during testing time
- Don’t bill these codes for scoring the tests
Miscellaneous Tips

• There is a payment differential based on location
• Provider and Technician may perform different medically necessary test, allocate interpretation to correct code*
• In general, remember for Medicare you can’t bill 96101 or 96118 for the interpretation and report when done by a tech or a computer
Non-Medicare CNS Testing Interpretation & Report

- The AMA guides us to report time for interpretation and report of technician and computer generated testing using CPT codes 96101 & 96118

**Example:** Tech performs 5 hours of neuropsychological testing
Physician completes interpretation and report in 2 hours
Submit: 96119 (5 units) & 96118 (2 units)
Questions
Thank You!

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