CPT CODE 1/1/13 CHANGES
FAQ

Q: **Our agency often does both a MH Assessment and a Medication Assessment on the same day for our clients. May we bill for both a 323-90791 *Psychiatric Diagnostic Evaluation* and a 565-90792 *Psychiatric Diagnostic Evaluation with a Medical Component* on the same day by different providers?**

A: Yes

Q: **Our agency sometimes does a MH Assessment with the client and the family of the client separately on the same day by the same provider. May we bill either 323-90791 or 565-90792 twice in the same day by the same provider?**

A: Yes, but only if different "informants" (such as client and family member) are seen in each Psychiatric Diagnostic Evaluation. They must be seen separately and documented as such.

Q: **Clinician's Gateway will no longer accept "0" minutes in the face-to-face fields for some codes. Are we now unable to bill for phone services?**

A: Yes, you may bill. For now, when providing MH Services on the telephone—enter the number of contact minutes into the face-to-face fields. Also, be sure to indicate "telephone" in the "location" field so that only Medi-Cal is billed.

A: **Do we use code 323-90791 (Psychiatric Diagnostic Evaluation) when we complete the Community Functioning Evaluation?**

A: No, use code 324-96151 (Behavioral Evaluation). One advantage to this code is that all disciplines (with appropriate training and experience) may gather the Community Functioning Evaluation (or approved equivalent form) data.

Q: **Now, that Medicare requires that the choice of many billing codes (those with time frames, min-max) be done on the basis of face-to-face time, can we bill for work done exclusively on the phone (e.g. crisis, therapy, etc.)?**

A: Yes, the choice of the code would then be based on the *client contact time* and you would select the location code "telephone". Such claims will bypass Medicare and bill directly to Medi-Cal.

Q: **Medical Providers (MD, DO, NP, PA, CNS) claim medication services on codes that require face-to-face time, how do they bill for medication support on the phone?**

A: Medical Providers (MD, DO, NP, PA, CNS) use a specific County Code of 367 for non-face-to-face medication training and support.

A: For RN/LVN see below.

Q: **RN and LVN's cannot bill Medicare, how do they bill for medication support?**

A: RN/LVN's use a County Code 369 for medication support. It may be face-to-face (f-f) or non- f-f.

Q: Some CPT codes now require a minimum amount of client f-f time, are we unable to bill for those services if our f-f time is below the minimum required?
A: You may not use a CPT code in which the f-f time does not meet the minimum required by the CPT manual (i.e. a minimum of 16" for Individual Psychotherapy). However, if there is another appropriate code (that the service meets) you may claim and chart to that service.

Q: The Crisis Intervention code has been eliminated and replaced with Crisis Therapy (377-90839, 378+90840). We have MHRS and Adjunct staff who used to provide Crisis Intervention services but who are not allowed to do Psychotherapy, may they bill the new "therapy" code?
A: Yes, the definition of Crisis Intervention Services has not changed—only the Code Label. With the appropriate training and experience your staff may provide Crisis Intervention Services—now identified as Crisis Therapy.

Q: In Children's Services we used to use Code 319 for "Collateral Family Therapy". We now see code 413-90846 ("Family Psychotherapy without Patient Present") and code 449-90847 ("Family Psychotherapy with Patient Present") on the Master Code List. Which should we use?
A: Codes 413-90846 and 449-90847 have now been added to the Children's Programs' RU's. These are the codes to now use as they are more specific and map to an approved CPT code for billing purposes.

Q: The Interactive Complexity add-on code 491+90785 is used for 456-90853 Group Psychotherapy. Can it also be used for 455-90849 Multi-Family Group Psychotherapy and/or 391 Group Rehabilitation services?
A: No, the only group related code that the add-on code 491+90785 Interactive Complexity may be used with is code 406-90853 Group Psychotherapy.

Q: The Interactive Complexity add-on code 491+90785 is used for Individual Psychotherapy. Can it also be used for 413-90846 and/or 449-90847 Family Psychotherapy codes?
A: No, Interactive Complexity add-on code may not be used for Family Psychotherapy; however it may be used with Psychiatric Diagnostic Evaluation (323-90791, 565-90792), Group Psychotherapy (456-90853), Individual Psychotherapy (441-90832, 442-90834, 443-90837), and the Individual Psychotherapy add-on codes (465+90833, 467+90836, 468+90838).

Q: May Interactive Complexity 491+90785 be used with all E/M codes?

A: No, 491+90785 Interactive Complexity add-on code may only be used in conjunction with a Primary E/M code which <u>also</u> has a Psychotherapy add-on code (465+90833, 467+90836, 468+90838) associated with it.

Q: May we bill the Psychiatric Diagnostic Evaluation codes 323-90791, or 565-90792 without the client present?
A: Yes, you may review medical records, interview others involved in the client's care and still utilize these codes. If you interview the client on the phone—note that as the location code and you may bill these codes.

Q: How do I enter Interactivity Complexity 491+90785 for billing purposes?
A: In Clinician's Gateway select "present" in the Interactive Complexity Field.
A: For InSyst, select the 491+90785 code and enter one (1) minute for the duration of service as a placeholder.

Q: Clinician's Gateway does not allow me to select multiple 30" Crisis Therapy 378+90840 add-on codes. May we then only bill for the first 1 1/2 hours of crisis?
A: You may bill for the length of service provided, and Clinician's Gateway will bill the appropriate number of 30" Crisis Therapy Add-on's to the Insurer. However, when entering data into the database you total all of the f-f time beyond the first 60 minutes and enter those minutes in the "second f-f minutes" field for the add-on code.

Q: May we use the Psychiatric Diagnostic Evaluation codes 323-90791, or 565-90792, for re-assessment purposes?
A: Yes, these codes may be used for both Initial and re-assessments.

Q: If we provide an E/M service in the field, at school or at a home may we use the E/M codes 99211-99215 which indicate "Office or other outpatient visit"?
A: Yes, also select the appropriate "Location Code" when utilizing these E/M codes (e.g. telephone, field, school, home, etc.).

Q: Clinician's Gateway used to support Co-Staffing of a service. It no longer does for some procedures, may we bill for both of the staff's time?
A: Yes, if each provider writes a separate note and indicates what unique contribution each had, or why a second person was needed (e.g. safety).   If "duplicate entry" is displayed, select the reason.

Q: The CPT manual indicates Interactive Complexity 491+90785, includes: "Use of play equipment, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction". May we claim Interactive Complexity when we have an Interpreter present to overcome the language barriers to therapeutic interventions?

A: No, currently CMS has indicated that the Interactive Complexity code "…should not be used to bill <u>solely</u> for translation or interpretation services as that may be a violation of federal statue".

Q: The CPT manual indicates Interactive Complexity 491+90785, includes: "Use of play equipment, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction". May we claim Interactive Complexity when we utilize play therapy equipment for the majority of the session (sand tray, etc.)?
A: Yes, the use of play equipment throughout the session allows you to claim for Interactive Complexity.

Q: May we choose the time bracketed (min-max) CPT Codes based on total time so that we may be reimbursed for transportation and documentation time as well as f-f time?
A: No, CPT Codes with time-frames (min-max) must be <u>chosen only on the basis of f-f time</u> (or contact time if done on the phone). However, you may claim for your time for transportation and documentation time as below. (Also, see examples, in the Power Point <u>CPT Code Jan 2013 Changes Training</u>.)
A: For Insyst:
- Choose the appropriate code based on the f-f time and then enter the Total Number of minutes (inclusive of documentation and travel time) even if the time exceeds that listed for the code. Do not choose a code which allows for more time. InSyst will claim to Medicare and Medi-Cal appropriately behind the scenes.
- If you have needed to choose Crisis Therapy or Psychotherapy add-on codes— add the documentation and travel time to the minutes for the last add-on code (but do not add an additional add-on code for those minutes).
A: For Clinician's Gateway
- Choose the appropriate code based on the f-f time and enter that time in the "Primary F-f Time field". In the "Primary Clinician Time" field, add the f-f time with the documentation and travel time and enter the Total Time.
- If add-on codes for Crisis Therapy or Psychotherapy are needed--do not add the documentation time and travel time to the" Primary Clinician Time" field (just enter Primary F-F time). After entering the remaining f-f time in the "2nd FF Time field"-- add the documentation and travel time to the add-on code's f-f time in the" Secondary Total Time Field". (Be sure to also indicate the remaining f-f time in the 2nd FF Time field).
- See examples, in the Power Point <u>CPT Code Jan 2013 Changes Training</u>.

Q: May we utilize the 690 Mobile Crisis Response Code?
A: No, this code is specific to the "Crisis Response Program's" RU only. As appropriate use the Crisis Therapy Codes: 377-90839 & 378+90840.

Q: May we utilize the "New Patient" E/M codes 545-9, 992(01-05)?

A: CBO's may use these codes if they have not provided Psychiatric Services to the client in the past three years. Alternatively, they may use Psychiatric Diagnostic Evaluation 565-90792 (there is no 3 year limit). County Clinics must use the code Psychiatric Diagnostic Evaluation 565-90792. Any person qualified to use E/M can also use 99212-15 E/M codes.

Q: In a paper record (not Clinician's Gateway note) how do we enter the minutes for crisis when there are multiple add-on codes, do we break them down per code?

A: You do need to indicate every add-on code, but then total the minutes (with f-f time broken out). For example: 128 minutes f-f time, 30 minutes documentation and 60 minutes travel time. Indicate as such:

In Chart:

377-90839,,378+90840, 378+90840

F-F 128", Doc 30", Travel 60", Total 218"

In InSyst:

377-90839   60"

378+90840 30"

378+90840 128"

_____

Q: May we utilize E/M codes that are not in our program's RU such as SNF E/M codes?

A: No, programs may only provide those services authorized in their contract. Contact Provider Relations if you believe you are contracted for a procedure code that is not being accepted in InSyst.

Q: In Clinician's Gateway I received an error statement "problem with form", what does this indicate?

A: Hover your cursor over the red dot for more information. Call the IS help desk if you need additional assistance at 510-567(3)-8160.

Q: Where can I learn more about the 2013 CPT Psychotherapy/Psychiatric Services changes—especially utilizing the E/M Codes?

 A: See below:

          The National Council Resource Page:

- http://www.thenationalcouncil.org/cs/cpt_codes

          The American Psychiatric Association Resource Page

- http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/current-procedural-terminology-cpt-code-changes-for-2013

          The AACAP

- http://www.aacap.org/cs/business_of_practice/reimbursement_for_practitioners

The American Psychological Association
- http://www.apapracticecentral.org/reimbursement/billing/psychotherapy-codes.pdf
- http://www.apapracticecentral.org/reimbursement/billing/index.aspx?__utma= 12968039.338271549.1342112804.1359501649.1361380803.10&__utmb=1296 8039.1.10.1361380803&__utmc=12968039&__utmx=- &__utmz=12968039.1361380803.10.6.utmcsr=google|utmccn=(organic)|utmc md=organic|utmctr=american psychological association cpt code changes&__utmv=-&__utmk=224931866

The AMA
- http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page?
- The AMA app: EM Quickref (android or apple)
- **AMA Webinar - Psychotherapy/Psychiatric Services**: **CPT® 2013 Changes - Psychotherapy/Psychiatric Services**. This one-hour program discusses the changes made in the Psychotherapy/Psychiatric Services coding section.