CPT and ICD-10
DOCUMENTATION AND CODING RELEVANT TO PSYCHIATRY
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CME Financial Disclosures

No financial disclosures
WHY?

• CPT “Evaluation and Management” or “E&M” documentation and coding is used for medical services, distinguishing a psychiatrist’s work from non-medical providers

• The coding incorporates much greater specificity to reflect the work actually done
WHY?

• Documentation and coding by psychiatrists is consistent with that by other *medical* professionals

• National rules existed for E&M codes, based on the 1995 and 1997 CMS guidelines; a Psychiatric Specialty Exam is defined in the 1997 guidelines

• The old “psychiatric codes” had no national guidelines and were based on Local Carrier Decisions

• Parity
HOW - THE RESOURCES

CPT

- Evaluation and Management Services Guide, Medicare Learning Network, December 2010
HOW - THE RESOURCES CPT

- APA Webinars and Downloads; Practice Management HelpLine at 800.343.4671
  “CPT Coding for Psychiatric Care in 2014”
TRANSLATING OLD INTO NEW (2013)

• DELETED>>> 90801, 90802

• NEW
  – 90792  Psychiatric Diagnostic Evaluation with medical services
    (90791 should not be used; It is a Psychiatric diagnostic evaluation without the medical component, intended for non-medical practitioners)
  – 99201 to 99205, 99221-99223, etc
RVU COMPARISONS - OLD VS NEW

- 90801  4.48
- 99202  2.19
- 99203  3.17
- 99204  4.84
- 99205  5.99
- 90792  3.65
TRANSLATING OLD INTO NEW

• DELETED>>>90862

• NOW
  – 99211-99215, 99231-99233, etc
  – Add-on codes for psychotherapy with E&M services are used with Subsequent care or Established patients
  – Add-on 90785 for Interactive Complexity

(90863 should never be used by a psychiatrist; this code is for prescribing psychologists)
## RVU COMPARISONS - OLD VS NEW

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TRANSLATING OLD INTO NEW

• PSYCHOTHERAPY>>WITH E&M

<table>
<thead>
<tr>
<th>“TIME”</th>
<th>ACTUAL TIME</th>
<th>OLD CODES</th>
<th>CURRENT</th>
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<td>45 min.s</td>
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<td>60 min.s</td>
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**TRANSLATING OLD INTO NEW**

- **PSYCHOTHERAPY >> NO E&M**

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<thead>
<tr>
<th>“TIME”</th>
<th>ACTUAL TIME</th>
<th>OLD CODES</th>
<th>CURRENT</th>
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<td>60 min.s</td>
<td>53-67</td>
<td>90808, 90821</td>
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</table>
CRISIS PSYCHOTHERAPY

- “an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.”

- 90839 First 60 min.s (30-74)
- 90840 Each additional 30 min.s
INTERACTIVE COMPLEXITY

• Factors that complicate the delivery of a service to a patient. These include:
  – Arguing or emotional family members in a session that interfere with providing the service
  – Third party involvement with the patient, including parents, guardians, courts, schools
  – Need for mandatory reporting of a sentinel event
  – Need for physical aids or play therapy
ADDITIONAL CODES

• 99221-99223>> Initial inpt care
• 99231-99233>> Subsequent inpt care
• 99238,99239>> Hospital Discharge Services
• 99281-99288>> ED Services
• 99304-99306>> Initial NH Care
• 99307-99310>> Subsequent NH Care
• 99324-99328>> Domiciliary/Custodial NP
• 99334-99337>>Established Pt
• 99406-99407>>Tobacco Use Cessation
• 99408-99409>>SBIRT
ADDITIONAL CODES

- 99354>> Add-on to Outpt E&M code (based on elements) for Extended Visit (not psychotherapy) 30-74 min.s
- 99356>> for Inpt E&M code
- 99355>> additional time = 75-104 min.s, Outpt, with E&M code and 99354
- 99357>> inpt additional time = 75-104 min.s, with E&M code and 99356
- 90845>> Psychoanalysis, not time specific
E&M BASIC CONCEPTS

• The code is determined by:
  – Site of service
  – Type of service (New/Initial vs Subsequent/Established)
  – Level of Service- driven by the nature of the presenting problem
    • Key Components    OR
    • Time (Counseling and Coordination of Care)
E&M BASIC CONCEPTS

• Level of service is medically necessary. Nature of the Presenting Problem should match the service provided.

• Key components or Time
  – Time rules can be applied for Counseling and Coordination of Care (this is not psychotherapy)
  – If Psychotherapy add-on code is used, the E&M time rule cannot be used
E&M BASIC CONCEPTS

• Counseling and Coordination of Care:
  – When more than 50% of the face-to-face encounter is spent providing counseling and coordination of care, the code can be determined on the basis of time
  – Document total time for the encounter and time spent on CCoC (but payor specific)
    • 99203 >> 30 min.s
    • 99204 >> 45 min.s
    • 99205 >> 60 min.s
    • 99212 >> 10 min.s
    • 99213 >> 15 min.s
    • 99214 >> 25 min.s
    • 99215 >> 40 min.s
E&M BASIC CONCEPTS

• Counseling - discussion of diagnostic results, prognosis, risks and benefits of treatment, instructions for management, compliance issues, risk factor reduction, pt/family education

• Coordination of Care - discussions with other providers or agencies
E&M BASIC CONCEPTS
KEY COMPONENTS- History

– CC/Reason for Encounter

– HPI- Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Associated Signs and Symptoms [Brief 1-3; Ext >3]

– ROS- Constitutional, Eyes, Mouth & ENT, CV, Resp, GI, GU, Musc/skeletal, Integumentary, Neuro, Psych, Endocrine, Hem/Lymphatic, Allergic/Immun [Pertinent- Psych, Ext-Psych+2 to 9, Complete- Psych+ >9]

– PFSH- Personal Medical, Family and Social Hx

[Complete- 2/3 EP or 3/3 NP; Pertinent- I item]
E&M BASIC CONCEPTS
KEY COMPONENTS- History

– Problem Focused- CC; Brief HPI
– Expanded Problem Focused- CC; Brief HPI; Problem pertinent ROS
– Detailed- CC; Extended HPI; Extended ROS; Pertinent PFSH
– Comprehensive- CC; Extended HPI; Complete ROS; Complete PFSH
E&M BASIC CONCEPTS

KEY COMPONENTS - History

- PFSH and ROS can be recorded by staff or patient; the physician notes they reviewed it
- Describe anything new, note the remainder is unchanged and note the date (and location) of the information
  “PFSH reviewed and unchanged from 10/25/14”
  “ROS reviewed; + wt gain; remaining 13 of 14 systems are negative”
- If this cannot be obtained, state why
E&M BASIC CONCEPTS

KEY COMPONENTS - Exam

• Psychiatric Specialty Exam
  – Constitutional
    • VS (any 3 of 7)
    • General Appearance
  – Musculoskeletal
    • Gait/Station or Muscle strength/Tone (abnormal movements)
  – MSE
E&M BASIC CONCEPTS
KEY COMPONENTS- Exam

– Mental Status Examination
  • Orientation
  • Attention/Concentration
  • Recent and Remote Memory
  • Language (Naming, Repetition)
  • Fund of Knowledge/Estimate of Intelligence
  • Speech
  • Mood and Affect
  • Thought Process (Rate, Logical, Abstract Reasoning, Computation)
E&M BASIC CONCEPTS

KEY COMPONENTS- Exam

- Associations (Loose, Tangential, etc)
- Thought Content (Delusions, Hallucinations, Obsessions, Suicidal, Homicidal, Violent)
- Judgment and Insight
E&M BASIC CONCEPTS
KEY COMPONENTS- Exam

• KEY COMPONENTS- Exam
  – Levels of Complexity
    • Problem Focused- 1 to 5 Bullets
    • Expanded- 6 to 8 Bullets
    • Detailed- more than 8 Bullets
    • Comprehensive- All Bullets
E&M BASIC CONCEPTS
KEY COMPONENTS- MDM

• KEY COMPONENTS- MDM
  – Four levels- Straightforward, Low, Moderate, High
  – Based on Problems/Management Options, Data, Risk
    • 2/3 levels must be met or exceeded for outpt care
# E&M Basic Concepts

## Key Components - MDM

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<thead>
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<th>Straight-forward</th>
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<td>Diagnoses/Mgmt Options</td>
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<td>Multiple</td>
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<tr>
<td>Risk</td>
<td>Minimal</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
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</table>
E&M BASIC CONCEPTS
KEY COMPONENTS - MDM

1. Diagnoses and Mgmt Options

- Minimal- one established dx; improved; 1-2 options
- Limited- One established dx and one R/O; stable or resolving; 2-3 options
- Multiple- Two R/O’s; Unstable or Failing to change; 3 changes in Tx Plan
- Extensive- >2 R/O’s; Worsening dx; >3 changes in Tx Plan
E&M BASIC CONCEPTS
KEY COMPONENTS - MDM

2. AMOUNT/COMPLEXITY OF DATA -
Sources, Number of tests, Level of Review

• Minimal - 1 Source, 2 Tests, Confirmatory
• Limited - 2 Sources, 3 Tests, Confirm with another physician
• Moderate - 3 Sources, 4 Tests, Discuss with performing physician
• Extensive - Multiple Sources, >4 Tests, Unexpected or Contradictory Results
E&M BASIC CONCEPTS

KEY COMPONENTS- MDM

3. RISKS- Problems, Testing, Management

- Minimal- 1 Self-limiting Problem; bloodwork; Reassurance
- Low- 2 minor problems or 1 chronic stable problem; Biopsy or arterial puncture (Psychological testing); OTC, PT/OT (Psychotherapy, referral, environmental intervention)
- Moderate- Chronic condition(s) worse, >1 chronic stable problem, new problem with uncertain px; invasive test (EEG, Neuropsych); Prescription drug
- High- Worsening chronic illness or threat to life; highly invasive test (LP, suicide risk assessment); drug tx requiring intensive monitoring for toxicity
# THE INPATIENT E&M PUZZLE

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## Completing the Puzzle of E&M

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<td>Moderate Complexity</td>
<td>High Complexity</td>
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VIGNETTES AND PRACTICAL APPLICATION
VIGNETTE #1

• HPI: “Pt is an 18yo SWF here on a BA for command AH & SI. Voices telling her to end her life & cut her wrist. Pt says she has had recent ↑↑stress c breakup c bf and meeting several of her relatives from her dad’s side for the first time. Pt upset that her mom will not let her meet her biological dad”
VIGNETTE #1

- Site of Service?
- Presenting Problem
- Key Components
  - History
    - CC
    - HPI
    - PFSH
    - ROS
  - Exam
  - MDM
VIGNETTE #2

• HPI: “___ is a 59 year-old white male who was admitted on a BA when he presented to the emergency room as confused, disorganized, bizarre with ideas of reference and grandiose delusions. He also reported that he has not been sleeping or eating for a few days prior to admission.”
KEY COMPONENTS

• Site of Service?
• Presenting Problem
• Key Components
  – History
    • CC
    • HPI
    • PFSH
    • ROS
  – Exam
  – MDM
VIGNETTE #3

- Reason for Encounter: F/U for med change and not sleeping
- Hx: Since Ambien added last visit pt has trouble maintaining sleep. The first few nights were OK. Tired in the day. More stress at work, lots of lay-offs.
- Meds: Zoloft 200mg QD, Ambien 10mg QHS; Lisinopril
- PFSH: No change since 11/10/11
- ROS: As above, + Headaches Reviewed-see attached. All other 12 systems negative.
VIGNETTE #3

- **PSYCHIATRIC SPECIALTY EXAMINATION:**
  - BP (Sitting): __122__/__74__  HR: __86___  Ht. __5’10”___  Wt. __210#___
  - Eye Contact: Good___√__  Poor_____  Other_____
  - Appearance: Well Groomed ___√__  Disheveled _____  Inappropriate _____
  - Musculoskeletal: Calm ___√__  Restless_____  Tremors/Tics_____  Lethargy _____
  - Gait/Station: Steady__√___  Slow_____  Antalgic_____  Upright __V__  Stooped _____
  - Speech: Rate___nl___  Tone___nl___  Articulation ___nl_____  Prosody ___nl___
  - Mood: Euthymic _____  Sad ____  Anxious __sl___  Expansive _____  Irritable _____
  - Affect: Appropriate __√__  Inappropriate ____;  Normal Range __V__  Other: ______
  - Thought Processes: Logical __√___  Loose _____  Tangential/Circumstantial _____
  - Perceptual Disturbances: None____√__  Illusions_____  Responding to Internal
  - Delusions: None elicited___√__  Present: __________________________________________
VIGNETTE #3

- **Psychiatric Specialty Examination**
  - **Suicidal Thoughts:** Denies _√_ Present _____ Intent _____ Plan_____
  - **Homicidal Thoughts:** Denies _√_ Present_____
  - **Level of Consciousness:** Alert _√_ Somnolent_____
  - **Orientation:** Fully Oriented _√_ Disoriented: Time _____ Person_____ Place _____
  - **Attention:** Intact _√_ Impaired_____
  - **Memory:** Intact _√_ Impaired_____
  - **Abstraction:** Appropriate _√_ Concrete_____ Idiosyncratic_____
  - **Language:** Naming ___intact__ Repetition _______________
  - **Fund of Knowledge:** Appropriate _√_ Diminished _____
  - **Judgment:** Appropriate _√_ Diminished_____ Variable_____ 
  - **Insight:** Does not recognize problem or need for change_____
    - Recognizes problem but not a need for change_____
    - Recognizes problems and need for change _√_
VIGNETTE #3

DIAGNOSES & PROBLEMS/STATUS:
GENERALIZED ANXIETY DISORDER- SL ↑
INSOMNIA- POORLY CONTROLLED
OBSESSIVE COMPULSIVE DISORDER- WELL CONTROLLED

DATA REVIEWED: ________________________________

MANAGEMENT:

MEDICATIONS:
1. CONT. ZOLOFT
2. DC AMBIEN
3. LUNESTA 3MG QHS

TESTING: ________________________________________

REFERRALS: ______________________________________
VIGNETTE #3

COUNSELING:

DIAGNOSTIC RESULTS
PROGNOSIS
RISKS AND BENEFITS
INSTRUCTIONS- SLEEP MED
COMPLIANCE
RISK FACTOR REDUCTION
PT/FAMILY EDUCATION- SLEEP HYGIENE

COORDINATION OF CARE: _________________
TIME: (TOTAL/c&coc) ___20/16___________
VIGNETTE #3

PSYCHOTHERAPY: TIME: ________ MODALITY: ________ FOCUS:
______________________________________________________________

□ INTERACTIVE COMPLEXITY:_____________________________________
□ CRISIS: ______________________________________________________

• Psychotherapy
  • Maintain process notes in a separate record
  • Document the time, type eg CBT, and focus eg depression and negative catastrophic thinking
ICD-10 Relevant to psychiatry
HOW- THE RESOURCES
ICD-10

• Desk Reference to the Diagnostic Criteria From DSM-5
• ICD-10-CM Tabular List Of Diseases And Injuries
• CMS ICD-10: ICD-10 Implementation Guide for Small and Medium Practices
ICD-10 Relevant to Psychiatry

• ICD-9 codes had five numeric digits
  – The first three numbers connote the disease category, and the 4th and 5th digits are the specifiers
    • 296.32 MDD; Recurrent, Moderate
    • 821.11 Open fracture of Shaft of Femur; **All codes for femur fracture = 16**
  – The entire code set only allows for 14,000 different codes, could not distinguish anatomic details eg R vs L
ICD-10 Relevant to Psychiatry

• ICD-10 3 to 7 alphanumeric digits
  – The psychiatric codes start with F, the next two digits correspond to the disease category
    • F33.1 is MDD Rec Mod
    • S72.351C Displaced comminuted fx of shaft of rt femur, initial encounter for open fx type IIIA, IIIB, or IIIC; All codes for femur fracture = 1530
  – Allows for 49,000 diagnosis codes
ICD-10 Relevant to Psychiatry

1. Certain infectious and parasitic diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4. Endocrine, nutritional and metabolic diseases (E00-E89)
5. Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
6. Diseases of the nervous system (G00-G99)
7. Diseases of the eye and adnexa (H00-H59)
8. Diseases of the ear and mastoid process (H60-H95)
9. Diseases of the circulatory system (I00-I99)
ICD-10 Relevant to Psychiatry

10. Diseases of the respiratory system (J00-J99)
11. Diseases of the digestive system (K00-K95)
12. Diseases of the skin and subcutaneous tissue (L00-L99)
13. Diseases of the musculoskeletal system and connective tissue (M00-M99)
14. Diseases of the genitourinary system (N00-N99)
15. Pregnancy, childbirth and the puerperium (O00-O9A)
16. Certain conditions originating in the perinatal period (P00-P96)
17. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
ICD-10 Relevant to Psychiatry

18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
19. Injury, poisoning and certain other consequences of external causes (S00-T88)
20. External causes of morbidity (V00-Y99)
21. Factors influencing health status and contact with health services (Z00-Z99)
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>F01-F09</td>
<td>Mental disorders due to known physiological conditions</td>
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<tr>
<td>F10-F19</td>
<td>Mental and behavioral disorders due to psychoactive substance use</td>
</tr>
<tr>
<td>F20-F29</td>
<td>Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders</td>
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<tr>
<td>F30-F39</td>
<td>Mood [affective] disorders</td>
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<tr>
<td>F40-F48</td>
<td>Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders</td>
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<tr>
<td>Code Range</td>
<td>Description</td>
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<tr>
<td>F50-F59</td>
<td>Behavioral syndromes associated with physiological disturbances and physical factors</td>
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<tr>
<td>F60-F69</td>
<td>Disorders of adult personality and behavior</td>
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<tr>
<td>F70-F79</td>
<td>Intellectual disabilities</td>
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<tr>
<td>F80-F89</td>
<td>Pervasive and specific developmental disorders</td>
</tr>
<tr>
<td>F90-F98</td>
<td>Behavioral and emotional disorders with onset usually occurring in childhood and adolescence</td>
</tr>
<tr>
<td>F99</td>
<td>Unspecified mental disorder</td>
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</table>
ICD-10 Relevant to Psychiatry

Major depressive disorder, recurrent

Includes:
- recurrent episodes of depressive reaction
- recurrent episodes of endogenous depression
- recurrent episodes of major depression
- recurrent episodes of psychogenic depression
- recurrent episodes of reactive depression
- recurrent episodes of seasonal depressive disorder
- recurrent episodes of vital depression

Excludes1:
- bipolar disorder (F31.-)
- manic episode (F30.-)
ICD-10 Relevant to Psychiatry

F33.0 Major depressive disorder, recurrent, mild
F33.1 Major depressive disorder, recurrent, moderate
F33.2 Major depressive disorder, recurrent severe without psychotic features
ICD-10 Relevant to Psychiatry

F33.3  Major depressive disorder, recurrent, severe with psychotic symptoms

Endogenous depression with psychotic symptoms

Recurrent severe episodes of major depression with mood-congruent psychotic symptoms

Recurrent severe episodes of major depression with mood-incongruent psychotic symptoms

Recurrent severe episodes of major depression with psychotic symptoms

Recurrent severe episodes of psychogenic depressive psychosis

Recurrent severe episodes of psychotic depression

Recurrent severe episodes of reactive depressive psychosis
ICD-10 Relevant to Psychiatry

F33.4  Major depressive disorder, recurrent, in remission
    F33.40  Major depressive disorder, recurrent, in remission, unspecified
    F33.41  Major depressive disorder, recurrent, in partial remission
    F33.42  Major depressive disorder, recurrent, in full remission

F33.8  Other recurrent depressive disorders
        Recurrent brief depressive episodes
ICD-10 Relevant to Psychiatry

F33.9 Major depressive disorder, recurrent, unspecified
Monopolar depression NOS
DOCUMENTATION AND CODING RELEVANT TO PSYCHIATRY

• There are significant changes in documentation and coding for the psychiatrist

• These changes should prove to have some benefits
  – The changes represent an opportunity for us to hone our note-taking
  – Our patients will benefit from more formal information gathering

• There is sufficient flexibility within guidelines to produce a style of note-taking that documents can be individualized to suit our own needs

• The information today has been intended to cover the basics, and each psychiatrist is encouraged to take advantage of additional resources
FIN

• drdebb1@verizon.net
• Evaluation forms please
• Enjoy!