Review of Systems
a practice workshop

CPT and ICD-10 DOCUMENTATION AND CODING RELEVANT TO PSYCHIATRY

DEBRA M BARNETT, MD, DFAPA

Review of Systems
a practice workshop

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

- CPT 2013 Standard Edition, American Medical Association
- Evaluation and Management Services Guide, Medicare Learning Network, December 2010
- Procedure Coding Handbook for Psychiatrists, Fourth Edition; Charles W. Schmidt, Jr, MD, et al; 2011

HOW - THE RESOURCES
CPT

- APA Webinars and Downloads; Practice Management HelpLine at 800.343.4671
- http://www.psychiatry.org/practice/managing-a-practice/coding--reimbursement

  "**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

- 90862 1.72

- 99212 1.29
- 99213 2.04
- 99214 3.01
- 99215 4.2

TRANSLATING OLD INTO NEW

- PSYCHOTHERAPY>>WITH E&M

"TIME"	ACTUAL TIME	OLD CODES	CURRENT
30 min.s	16-37	90805, 90817	99XXX + 90833
45 min.s	38-52	90807, 90819	99XXX + 90836
60 min.s	53-67	90809, 90821	99XXX + 90838

TRANSLATING OLD INTO NEW

- PSYCHOTHERAPY >> NO E&M

"TIME"	ACTUAL TIME	OLD CODES	CURRENT
30 min.s	16-37	90804, 90816	90832
45 min.s	38-52	90806, 90818	90834
60 min.s	53-67	90808, 90821	90837

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

	Straight-forward	Low Complexity	Moderate Complexity	High Complexity
Diagnoses/Mgmt Options	Minimal	Limited	Multiple	Extensive
Data	Minimal or None	Limited	Moderate	Extensive
Risk	Minimal	Low	Moderate	High

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/COMPLEXITIY 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

Review of Systems
a practice workshop

THE INPATIENT E&M PUZZLE

	1 99221 99231	2 99222 99232	3 99223 99233
HX	Problem-focused	Expanded	Detailed
EXAM	Problem-focused	Expanded	Detailed
MDM	Straightforward or Low	Moderate Complexity	High Complexity

Review of Systems
a practice workshop

COMPLETING THE PUZZLE OF E&M

99201 99212	99202 (99213)	99203 (99213)	99204 99214	99205 99215
Problem-focused	Expanded	Detailed	Comprehensive	Comprehensive
Problem-focused	Expanded	Detailed	Comprehensive	Comprehensive
Straight-forward	Straight-forward	Low Complexity	Moderate Complexity	High Complexity

Review of Systems
a practice workshop

VIGNETTES AND PRACTICAL APPLICATION

NORTH CAROLINA Psychiatric Association

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 _____
- Atrophy _____ Weakness _____
- Gait/Station: Steady__√___ Slow_____ Antalgic_____ Upright __√__ Stooped _____
- Speech: Rate___nl___ Tone___nl___ Articulation ___nl_____ Prosody ___nl___
- Mood: Euthymic _____ Sad ____ Anxious __sl___ Expansive _____ Irritable _____
- Affect: Appropriate __√__ Inappropriate _____; Normal Range__√__ Other: _____
- Thought Processes: Logical __√___ Loose _____ Tangential/Circumstantial _____
- Perceptual Disturbances: None___√__ Illusions_____ Responding to Internal
- Stimuli_____ Describe: _____
- 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__√___

Review of Systems
a practice workshop

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

Review of Systems
a practice workshop

ICD-10 Relevant to psychiatry

NORTH CAROLINA
Psychiatric
Association

HOW- THE RESOURCES ICD-10

- **Desk Reference to the Diagnostic Criteria From DSM-5**
- **ICD-10-CM Tabular List Of Diseases And Injuries**
  http://cdn.roadto10.org/wpuploads/2014/08/2015-ICD-10-CM-Tabular-List-of-Diseases-and-Injuries.pdf
- CMS ICD-10: **ICD-10 Implementation Guide for Small and Medium Practices**
  http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallMediumPracticeHandbook.pdf

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)

ICD-10 Relevant to Psychiatry

F01-F09	Mental disorders due to known physiological conditions
F10-F19	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30-F39	Mood [affective] disorders
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders

ICD-10 Relevant to Psychiatry

F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities
F80-F89	Pervasive and specific developmental disorders
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

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

Review of Systems
a practice workshop

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!