Code This!

PSYCHIATRIC EVALUATION

- **PURPOSE**: Obtain history, perform mental status exam, formulate diagnosis and make treatment recommendations.
- **INTERVENTION**: History, mental status exam and medical decision making.
- **CHIEF COMPLAINT**: The patient is here for a court-ordered psychiatric evaluation for "codependency and depression."

PSYCHIATRIC EVALUATION

- **HPI:** Ms. C is a 38-year-old white female who got into trouble with the law for shoplifting Christmas presents in the context of the terminal illness of her husband. The patient has been convicted of larceny and put on one year's probation. She was also court ordered for psychiatric evaluation. The patient stole the Christmas presents while her husband was dying from liver cancer. lie finally expired on 2/27/04 after only two years of their marriage.

PSYCHIATRIC EVALUATION

- Since the husband's death, the patient has become increasingly depressed. She has frequent crying spells. She has decreased interest in taking care of her 12-year-old son. Her self-esteem is low. Concentration is rated as a 6 on a I-10 scale. The patient functions better at work than she does in home life.

PSYCHIATRIC EVALUATION

- Appetite has increased and the patient believes that she has gained up to 20 tbs. She also experiences psychomotor agitation. Sleep is adequate, energy is described as medium. The patient denies suicidal thoughts. This appears to be the second bout of depression for this patient.

PSYCHIATRIC EVALUATION

- This appears to be the second bout of depression for this patient. The first one happened back in 1999 shortly after the patient's grandmother's death. At that time, the patient was treated with a variety of antidepressants by her primary care physician and eventually treated with Prozac, which the patient said worked quite well.

PSYCHIATRIC EVALUATION

- The patient lost her health insurance and went without medication for the past four or five years without problems until the death of her husband. The patient also experiences symptoms consistent with generalized anxiety disorder including chronic worrying, feeling on edge, decreased concentration, irritability and muscle tension. As for the court-ordered evaluation for codependency, it is uncertain what that means and the patient does not believe that she has problems with codependency at this time

PSYCHIATRIC EVALUATION

- **PAST PSYCHIATRIC HISTORY:** The patient has never had a psychiatric hospitalization nor has she made a suicide attempt. She has no history of substance abuse. She has had one past bout of depression as described above. She only saw a psychiatrist for four visits back in 1999 at which time she was stabilized on Prozac and care was taken over for a prescription of Prozac by her primary care physician. The patient has not been treated with any psychotropic medication since 1999.

PSYCHIATRIC EVALUATION

- **FAMILY PSYCHIATRIC HISTORY:** The patient's mother suffers from panic attacks. The patient's father suffers from alcoholism.
- **MEDICAL HISTORY:** Noncontributory.
- **PAST SURGICAL HISTORY**: Tubal ligation in 1998. **MEDICATIONS:** None.
- **ALLERGIES**: No known drug allergies.

PSYCHIATRIC EVALUATION

- **REVIEW OF SYSTEMS:** Positive for increased appetite with weight gain. Negative for seizures, traumatic brain injury, unexplained loss of consciousness, stroke, cardiovascular disease, pulmonary disease, nausea and vomiting, gastrointestinal problems, dysfunction of the kidneys or bladder, sexual dysfunction, endocrine dysfunction (including menstrual disturbances, thyroid disease and diabetes mellitus), dysfunction of the muscles, skeleton or joints, disturbance of vision or hearing, including glaucoma.

PSYCHIATRIC EVALUATION

- **SOCIAL HISTORY:** The patient was born in Germany and moved to North Carolina when she was only two years old. The patient was raised in North Carolina and has lived most of her live here. The patient's father was in the military; her mother was German. The patient herself has dual citizenship at present, both in the United States and in Germany. The patient's education includes two years of college. Both of the patient's parents are alive and live in North Carolina…

PSYCHIATRIC EVALUATION

- **MENTAL STATUS EXAM:** The patient is a casually dressed, well groomed white female. The patient's affect is somewhat labile during today's interview, but this is appropriate to her current climate of grief and her feelings of depression. The patient describes her mood as "depressed". The patient's speech is articulate, to the point, and coherent.

PSYCHIATRIC EVALUATION

- Thought processes appear organized although the patient does complain of problems with concentration. Thought content is negative for thoughts of' suicide and homicide as well as paranoia, ideas of reference, delusions of special powers and perceptual disturbances such as auditory and visual hallucinations.

PSYCHIATRIC EVALUATION

- Insight and judgment appear intact at present. Sensorium appears clear. The patient does show some mild signs of psychomotor agitation consistent with anxiety. Weight today is 167 lbs. Cognitively, the patient appears grossly intact. She is alert and oriented in four spheres. Short-term memory is intact.

PSYCHIATRIC EVALUATION

- Long-term memory is slightly flawed since the patient could not recall the former President Bush when recalling the presidents in reverse chronological order. Attention is good. Abstract thinking is intact. Behavior today is cooperative and engaging. The patient expresses a desire for treatment.

PSYCHIATRIC EVALUATION

DIAGNOSIS:

Axis I	Major depressive disorder, recurrent, moderate. Grief.
	Generalized anxiety disorder.
Axis II:	Diagnosis deferred.
Axis III:	No diagnosis at present.
Axis IV:	Psychosocial stressors include new job, death of husband, single motherhood
	Lack of health insurance.
Axis V:	Current GAF is 55.

PSYCHIATRIC EVALUATION

- **ASSESSMENT:** The patient reports a good response to Prozac in the past after a trial of a number of antidepressants including Zoloft and Paxil. The patient is willing to restart Prozac for treatment of her depression and generalized anxiety. She is given information on this medication today.
- **PLAN:** 1. Start Prozac 20 mg p.o. q.a.m. for treatment of depression. 2. The patient is referred for formal assessment and intake. 3. The patient will return for psychiatric follow-up in one month or sooner if clinically indicated.

Pick A Code

CPT Code	Descriptor
90791	Diagnostic Interview
90792	Diagnostic Interview w/medical services
90832	Psychotherapy 30 min
90833	Psychotherapy 30 minw/EM
90834	Psychotherapy 45 min
90836	Psychotherapy 45 min w/EM
90837	Psychotherapy 60 min
90838	Psychotherapy 60 min w/EM

Office or Other Outpatient Services

New Patient	99201	99202	99203	99204	99205
HISTORY					
CC *	Required	Required	Required	Required	Required
HPI *	1-3 elements	1-3 elements	4 + elements	4 + elements	4 + elements
ROS *	N/A	Pertinent	2-9 systems	10-14 systems	10-14 systems
PFSH *	N/A	N/A	1 of 3 elements	3 of 3 elements	3 of 3 elements
PHYSICAL EXAMINATION					
1997	1-5 elements	6-8 elements	9 or more elements	Comprehensive	Comprehensive
1995	System of complaint	2-4 systems	5-7 systems	8 or > systems	8 or > systems
MEDICAL DECISION MAKING					
	SF	SF	Low	Moderate	High
TIME					
Face-to-face	10 min.	20 min.	30 min.	45 min.	60 min.

Code This!

PSYCHIATRIC SOMATOTHERAPY

- **PURPOSE OF CONTACT:** Ms. L is seen today to assess her progress with ongoing treatment for her depressive disorder. Also, she has impulsive rather attention-seeking behaviors, which have been described from time to time in my foregoing notes.
- She is known to be mildly mentally retarded. She has had a past history of seizure disorder that is going back to year 1961. Ms. L is being accompanied by Ms. Jones from Any County Group Home.
- Also, Ms. Smith, the case manager,isalso present. They were able to provide additional meaningful information during this interview and assessment.

PSYCHIATRIC SOMATOTHERAPY

- **TYPE OF INTERVENTION**: When questioned about these recent behaviors such as yelling and screaming after she comes back from the school, she would give different explanation such as people were talking bad about her or casting remarks about her and so on.
- Also, according to Ms. Jones's report, Ms. L has been screaming and yelling in the school.
- When questioned about these events, Ms. L assumes a defensive posture, claiming that she really did not mean to do that but she could not control.

PSYCHIATRIC SOMATOTHERAPY

- She tended to avoid eye contact when I was talking to her initially and really did not like me bringing up the unacceptable behaviors, which she has shown from time to time since the last visit. She is casually dressed. She maintains good appearance and hygiene. She is on the heavy side. I had her weight taken today. She is at 186 pounds. She stands at 5 feet and 2 inches.

PSYCHIATRIC SOMATOTHERAPY

- She denies feeling depressed at the time. Affect is somewhat angry or anxious. Her thoughts are very well organized. Thought content reveals that she likes the Any County Group Home and further would reveal that she has visited her family not very long ago, and the visits went very well. She was able to come back home without having any difficulties

PSYCHIATRIC SOMATOTHERAPY

- Also, she was describing about her cats, her three cats, which she raised at home.
- She further stated that her family members are imposing too much upon to her, telling her not to listen to country music and what cloths to wear, so on and so forth.
- Ms. L is taking Celebrex two or three times a day for her arthritis in the knee joints.

PSYCHIATRIC SOMATOTHERAPY

- Overall, we see significant improvement in Ms. L's behavior. Occasionally, as I have described, there seems to be escalation of her behavior. She begins to yell, curse, and shout while in the group home. When this happens, the other residents there will have to resign to their rooms. We have discussed about this with Ms. L showing that it is unfair. Because of her behavior, the other people have to isolate themselves in their rooms.

PSYCHIATRIC SOMATOTHERAPY NOTE

- She admits that she understands this but did not like me repeating about what happened in the past and also asking her to try to be on the best of her behavior. It appears that when she is listening about what she has done, she tends to escalate easily.
- This is one of the behaviors that have been noticed in the past, and this behavior has been remarkably controlled since we started her on Seroquel. She is sleeping well and eating well.

PSYCHIATRIC SOMATOTHERAPY

- **TREATMENT PLAN**: Is to remind and reiterate the proper kind of attitudes and behaviors that are appropriate to circumstances and situations.
- She is looking for a job at the Animal Shelter in Any County. I thought her motivations were good. Discussed about this with Ms. Smith. Ms. Smith will further proceed to pursue on this matter.

PSYCHIATRIC SOMATOTHERAPY

- As she is showing escalated behaviors around 3:30 or so, we will advise the staff to give her an additional 25 mg of Seroquel about or before that time. I discussed with the client and the staff that this is going to make her a little more sedated about that time. Hopefully, she will get over the sedation after some time, and she can continue to pursue Seroquel in the morning and 50 mg at night as before. I will reevaluate her again in four months or earlier if necessary.

Pick A Code

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90791	Diagnostic Interview
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90832	Psychotherapy 30 min
90833	Psychotherapy 30 minw/EM
90834	Psychotherapy 45 min
90836	Psychotherapy 45 min w/EM
90837	Psychotherapy 60 min
90838	Psychotherapy 60 min w/EM

Office or Other Outpatient Services

Est. Patient	99211	99212	99213	99214	99215
HISTORY					
CC *	N/A	Required	Required	Required	Required
HPI *	N/A	1-3 elements	1-3 elements	4 + elements	4 + elements
ROS *	N/A	N/A	Pertinent	2-9 systems	10-14 systems
PFSH *	N/A	N/A	N/A	1 of 3 elements	2 of 3 elements
PHYSICAL EXAMINATION					
1997	N/A	1-5 elements	6-8 elements	9 or more elements	Comprehensive
1995	N/A	System of Complaint	2-4 systems	5-7 systems	8 or > systems
MEDICAL DECISION MAKING					
	N/A	SF	Low	Moderate	High
TIME					
Face-to-face	5 min. supervision	10 min.	15 min.	25 min.	40 min.

Code This!

BASIC MEDICATION CHECK.

- **SUBJECTIVE**: Ms. B. returns for follow-up after four months. The patient prefers lithium to her past treatment with Depakote. She says that she can think more clearly and that she has a more normal range of emotions. She has found problems with word-finding with all mood stabilizers, but feels that lithium causes this problem the least. The patient continues to supplement her treatment with omega-3 fatty acids.

BASIC MEDICATION CHECK

- She currently denies such symptoms of mania as elevated mood, risk-taking, impulsive behavior, distractibility, racing thoughts, grandiosity, sleep disturbance and pressured speech. She reports that her mood is stable and generally good. She sleeps 8-10 hours per night. She does not experience anhedonia.

BASIC MEDICATION CHECK

- Self-esteem is described as "respectable". She has adequate but not excessive energy during the day. Concentration is good. Appetite is steady, although she has had a small weight gain associated with the holiday season. She does not experience feelings of hopelessness or thoughts of suicide. The patient does not use coffee or alcohol, which might affect her lithium level, although she is currently on a green tea diet.

BASIC MEDICATION CHECK

- The patient is taking ibuprofen, although she is aware that there is an interaction between ibuprofen and lithium. Since she is on a low dose of lithium and reports no side effects at this time, it appears that her dose is not at risk for causing toxicity. We have not yet received the lab test results associated with her lithium treatment. The patient is advised that if there are any irregularities, I will follow-up with her once I receive the lab test results this week.

BASIC MEDICATION CHECK

- **OBJECTIVE:** The patient is a casually dressed, well groomed white female. Her affect is pleasant. Her mood is reported as "stable". Affect and mood are congruent. Speech is coherent and relevant without signs of pressure or flight of ideas. Thought processes are organized. Thought content is negative for thoughts of suicide. Insight and judgment appear good. Sensorium appears clear. She shows no signs of psychomotor abnormalities. Behavior today is calm and appropriate.

BASIC MEDICATION CHECK

- **ASSESSMENT**: Bipolar I disorder.
- **PLAN**: 1. Continue lithium carbonate 600 mg p.o. q.h.s. for mood stabilization. 2. I will review the patient's laboratory test results when they arrive. Results will include a measurement of the serum lithium level, TSH, BUN, and creatinine. 3. Return for psychiatric follow-up in six months or sooner if clinically indicated.

Office or Other Outpatient Services

Est. Patient	99211	99212	99213	99214	99215
HISTORY					
CC *	N/A	Required	Required	Required	Required
HPI *	N/A	1-3 elements	1-3 elements	4 + elements	4 + elements
ROS *	N/A	N/A	Pertinent	2-9 systems	10-14 systems
PFSH *	N/A	N/A	N/A	1 of 3 elements	2 of 3 elements
PHYSICAL EXAMINATION					
1997	N/A	1-5 elements	6-8 elements	9 or more elements	Comprehensive
1995	N/A	System of Complaint	2-4 systems	5-7 systems	8 or > systems
MEDICAL DECISION MAKING					
	N/A	SF	Low	Moderate	High
TIME					
Face-to-face	5 min. supervision	10 min.	15 min.	25 min.	40 min.

CPT E/M Examples for Psychiatry

CPT Clinical Examples

- Found in Appendix C of CPT manual
- Intended to be an important element of the coding system used *in conjunction with E/M descriptors*
- Should be used as examples only
- A particular patient encounter must be judged by the services provided for that particular patient

CPT Clinical Examples

- Cannot automatically assign a patient encounter to a level of service based on a particular clinical example
- Key components must be met and documented in order to select level of service
- Not all levels of service have clinical example for each specialty

Coding Vignettes

- 99204- Initial office visit for:
  - An adolescent who was referred by school counselor because of repeated skipping school.
  - A 45-year-old female who has been abstinent from alcohol and benzodiazepines for three months but complains of headaches, insomnia, and anxiety.

Coding Vignettes

- 99205- Initial office visit for:
  - An adolescent referred from ER after making suicide gesture.
  - A 49-year-old female with a history of headaches and dependence on opioids. She reports weight loss, progressive headaches, and depression.

Coding Vignettes

- 99205- Initial office visit for (cont'd):
  - A 38-year-old male with paranoid delusions and a history of alcohol abuse.
  - A 17-year-old female who is having school problems and has told a friend she is considering suicide. The patient and her family are consulted in regard to treatment options.

Coding Vignettes

- 99214- Established patient, office visit for:
  - A 52-year-old male with a 12-year history of bipolar disorder responding to lithium carbonate and brief psychotherapy. Psychotherapy and prescription provided.

Coding Vignettes

- 99215- Established patient, office visit for:
  - A 28-year-old female who is abstinent from previous cocaine dependence, but reports progressive panic attacks and chest pains.
  - An adolescent with history of bipolar disorder treated with lithium; seen on urgent basis at family's request because of severe depressive symptoms.

Coding Vignettes

- 99215- Established patient, office visit for (cont'd):
  - A 27-year-old female, with bipolar disorder who was stable on lithium carbonate and monthly supportive psychotherapy but now has developed symptoms off hypomania.

Coding Vignettes

- 99215- Established patient, office visit for (cont'd):
  - A 25-year old male, with a history of schizophrenia who has been seen bi-monthly but is complaining of auditory hallucinations

Coding Vignettes

- 99244
  - Initial office consultation for an elementary school-aged patient, referred by pediatrician, with multiple systematic complaints and recent onset of behavioral discontrol.
  - Office consultation for young patient referred by pediatrician because of patient's short attention span, easy distractibility and hyperactivity.

Coding Vignettes

- 99245
  - Office consultation for an adolescent referred by pediatrician for recent onset of violent and self-injurious behavior