



## American Psychiatric Association CPT Coding Resources for APA Members

### Current Procedural Terminology (CPT) Code Changes for 2013

For 2013 there have been major changes to the codes in the Psychiatry section of the AMA's Current Procedural Terminology (see table), the codes that must be used for billing and documentation for all insurers. These changes apply to any services provided beginning January 1, 2013.

- A distinction has been made between an initial evaluation with medical services done by a physician (90792) and an initial evaluation done by a non-physician (90791).
- The psychotherapy codes have been simplified and expanded to include time with both the patient and/or family member: There are now just three timed codes to be used for psychotherapy in all settings (90832- 30 minutes; 90834-45 minutes; 90837- 60 minutes) instead of a distinction made by setting and whether E/M services were provided. When psychotherapy is done in the same encounter as an E/M service, there are timed add-on codes for psychotherapy (indicated in CPT by the + symbol) that are to be used by psychiatrists to indicate both services were provided (+90833 -30 minutes, +90836 - 45 minutes, +90838 – 60 minutes). The time for each psychotherapy code is now described as being as time spent with the patient *and/or family member*, a change from the previous psychotherapy code times, which denoted only time spent face-to-face with the patient.

Note: Since the new psychotherapy codes are not for a range of time, like the old ones, but for a specific time, the CPT "time rule" applies. If the time is more than half the time of the code (i.e., for 90832 this would be 16 minutes) then that code can be used. For up to 37 minutes you would use the 30 minute code; for 38 to 52 minutes, you would use the 45-minute code, 90834; and for 53 minutes and beyond, you would use 90837, the 60-minute code.

- In lieu of the separate codes for interactive psychotherapy, there is now an add-on code for interactive complexity, which may be used when the patient encounter is made more complex by the need to involve people other than the patient (+90785). This add-on can be used with initial evaluation codes (90791 and 90792), with the psychotherapy codes, with the non-family group psychotherapy code (90853), and with the E/M codes when they're used in conjunction with psychotherapy services. Although it is expected this code will be used most frequently in the treatment of children, it can be used any time the interaction with the patient and/or family member is more complex than normal or when other parties must be involved. The CPT manual includes specific guidelines as to what constitutes interactive complexity that should be understood before this add-on code is used. Documentation must clearly indicate exactly what that complexity was.
- Another change is that a new code has been added for psychotherapy for a patient in crisis (90839). When a crisis encounter goes beyond 60 minutes there is an add-on code for each additional 30 minutes (+90840). This code was developed at the behest of the National Association of Social Workers, and it is expected that psychiatrists will generally use a high level



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E/M code when providing care for a patient in crisis. The CPT manual has guidelines as to what constitutes a crisis and permits the use of this code.

- Code 90862 has been eliminated, and psychiatrists will now use the appropriate evaluation and management (E/M) code when they do pharmacologic management for a patient. When psychotherapy is done during the same session as the pharmacologic management, one of the new psychotherapy add-on codes should be used along with the E/M code. (A new code, add-on code +90863, has been created for medication management when done with psychotherapy by the psychologists in New Mexico and Louisiana who are permitted to prescribe, but this code is **not** to be used by psychiatrists or other medical mental health providers).

**What is an add-on code?** An add-on code is a code that can only be used in conjunction with another, primary code and is indicated by the plus symbol (+) in the CPT manual. While basic CPT codes are valued to account for pre- and post-time, add-on codes are only valued based on intra-service time since the pre- and post-time is accounted for in the primary code. In the new Psychiatry codes there are three different types of add-on codes: 1.) Timed add-on codes to be used to indicate psychotherapy when it is done with medical evaluation and management; 2.) A code to be used when psychotherapy is done that involves interactive complexity (and 3.) A code to be used with the crisis therapy code for each 30 minutes beyond the first hour. See above for details about these add-on codes.

**All of these changes are represented in the accompanying crosswalk.**

These changes take effect January 1, 2013. Questions – Go to <http://www.psychiatry.org/practice>, or call 800-343-4671 or send an email to [hsf@psych.org](mailto:hsf@psych.org). To purchase a copy of the 2013 CPT manual call the AMA at 800-621-8335 or go to <https://catalog.ama-assn.org/Catalog/home.jsp>.