

## **Don't Go Crazy Coding Mental Health Services!**



### **Disclaimer**

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## Objectives

- Identify available resources/references
- Categorize and define
  - Providers
  - Locations
  - Procedures/Services
- Outline the documentation requirements for each procedure/service provided
- Differentiate DMS and ICD diagnosis coding

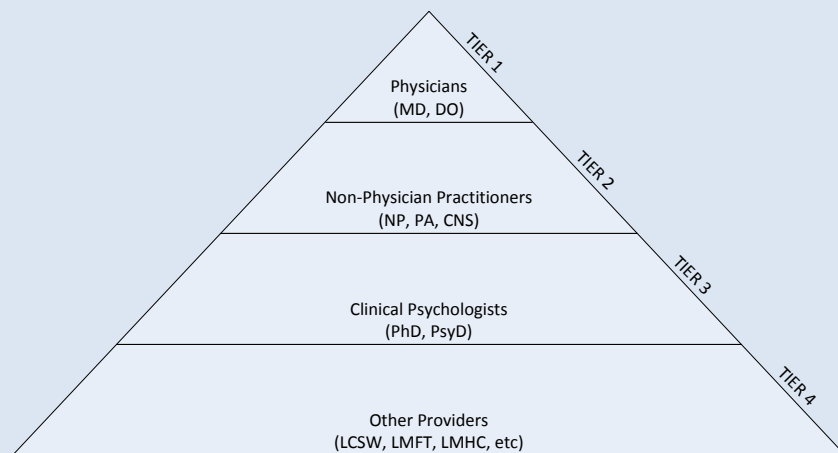
## Let's Give It A Sporting Chance

- Training
- Players
- Field
- Equipment
- ICD-10 Impact
- Winning the Game
- Complications

## Training

- 2012 CPT® Professional
- 2012 HCPCS Level II
- 2012 ICD-9-CM
- DSM-IV-TR®
- Procedure Coding Handbook for Psychiatrists
  
- ICD-10-CM

## Players



## Players (cont.)

- Scope of Practice Limitations
  - CMS Regulations follow State scope of practice
    - “Coverage is limited to the services a [provider] is legally authorized to perform in accordance with State law (or State regulatory mechanism established by State law).”
  - Example: IC 25-23.6-1-6

## Fields



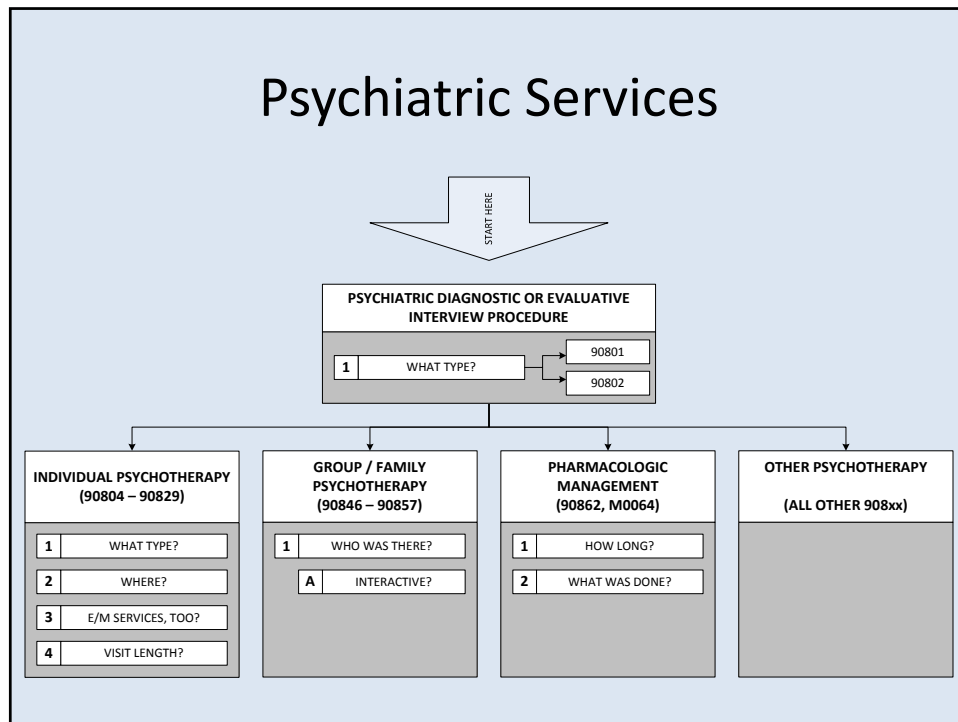
- Inpatient Psychiatric Facility (51)
- Inpatient Hospital (21)
- Partial Hospital (52)
- Residential Care Facility (56)
- Residential Substance Abuse Treatment Facility (55)
- Office (11)
- Other Outpatient Facility (22)
- Community Mental Health Center (53)
- Nonresidential Substance Abuse Treatment Facility (57)

## Equipment

- Psychiatric Services (908xx)
  - Diagnostic or Evaluative Interview Procedures
  - Therapeutic Procedures
  - Other Services and Procedures
- Central Nervous System Assessments / Tests (96101 – 96125)
- Health and Behavior Assessments / Interventions (96150 – 96155)
- Evaluation and Management Services

## Psychiatric Services

# Psychiatric Services



## Step 1: Interview Procedures

- Similar in work effort to a Level 3 initial hospital care E/M service
  - “Psychiatrists who use the 99223 code instead of 90801 frequently encounter payment problems because of failure to completely document the review of systems.” (Procedure Coding Handbook for Psychiatrists)

## Documenting Interviews

- Date
- Chief complaint
- Referral source
- History of present illness
- Past psychiatric history
- Past medical history
- Social and family history
- Comprehensive mental status examination
- Formulation/prognosis
- Treatment plan
- Assessment of the patient's ability to adhere to the treatment plan
- Multiaxial diagnoses
- Legible signature

***Interactive Interviews require the following also be documented:***

- Devices employed
- The condition necessitating use of interactive devices

## Mental Status Examinations

### **Comprehensive**

- Level of Consciousness
- Attention and concentration
- Mood and behavior
- Content of thought
- Memory
- Integrative sensory function
- Integrative motor function

### **MMSE (Mini)**

- Orientation
- Registration
- Attention and calculation
- Recall
- Language
- Construction

## Define “Interactive”

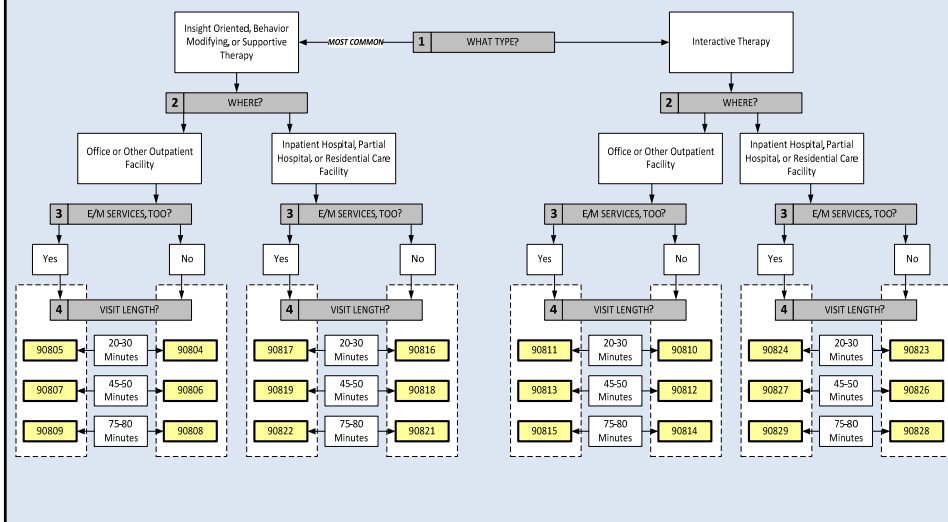


## Step 2: Therapeutic Services

A	B	C	D
<b>INDIVIDUAL PSYCHOTHERAPY</b> (90804 – 90829)	<b>GROUP / FAMILY PSYCHOTHERAPY</b> (90846 – 90857)	<b>PHARMACOLOGIC MANAGEMENT</b> (90862, M0064)	<b>OTHER PSYCHOTHERAPY</b> (ALL OTHER 908xx)
1 WHAT TYPE?	1 WHO WAS THERE?	1 HOW LONG?	
2 WHERE?	A INTERACTIVE?	2 WHAT WAS DONE?	
3 E/M SERVICES, TOO?			
4 VISIT LENGTH?			



## 2A: Individual Psychotherapy



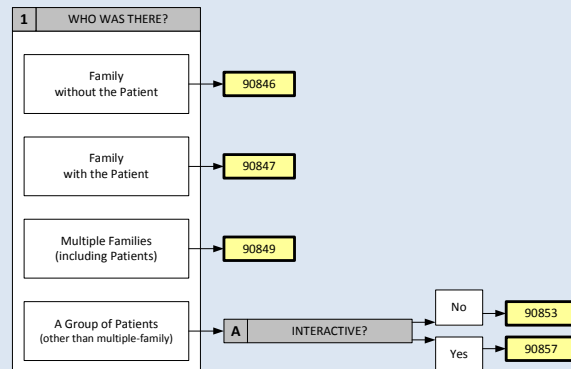
## Documenting Individual Psychotherapy

- Date
- Time spent for the encounter face-to-face
- Type of therapeutic intervention
- Target symptoms
- Progress toward achievement of treatment goals
- E/M services provided, if service provided is psychotherapy with E/M
- Diagnoses
- Legible signature
- Justification of time spent for services longer than 50 minutes

### ***Interactive Interviews require the following also be documented:***

- Devices employed
- The condition necessitating use of interactive devices

## 2B: Group/Family Psychotherapy



## Documenting Group/Family Psychotherapy

- Date
- Face-to-face encounter time
- Type of therapeutic intervention
- Target symptoms
- Progress toward achievement of treatment goals
- E/M services provided, if service provided is psychotherapy with E/M
- Diagnoses
- Legible signature

For Family Psychotherapy, the following should also be included:

- List of those present during the session

For Group Psychotherapy, the following should also be included:

- Number of persons in the group

## 2C: Pharmacologic Management

### Two Codes

90862 – Pharmacologic management; including prescription, use, and review of medication with no more than minimal medical psychotherapy

M0064 – Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders

## Documenting Pharmacologic Management

### 90862

- Date
- Face-to-face encounter time
- Interval history
- Diagnoses
- Mental status examination results, with emphasis on response to medication
- Review of side effects
- Information on the medication prescribed, if a prescription is provided
- Legible signature

### M0064

- Date
- Face-to-face encounter time
- Diagnoses
- Name of medication being checked
- Reasons for continuation or changes in medication
- Legible signature

## 2D: Other Psychiatric Services

- 90845 Psychoanalysis
- 90865 Narcosynthesis
- 90870 Electroconvulsive therapy
- 90880 Hypnotherapy
- 90882 Environmental manipulation
- 90885 Psychological evaluation of records
- 90887 Consultation with family
- 90889 Preparation of report

## 2D: Other Psychiatric Services

- 90867 – 90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment
- 90875 – 90876 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy

## Central Nervous System Assessments/Tests

### CNS Assessments/Tests

- Psychological Testing (96101 – 96103)
- Neuropsychological Testing (96118 – 96120)
- Neurobehavioral Status Exam (96116)
- Developmental Testing (96110 – 96111)
- Other CNS Assessments/Tests (96105 & 96125)

## Psychological Testing

- Medically accepted tests for evaluation of intellectual strengths, psychopathology, psychodynamics, mental health risks, insight, motivation, and other factors influencing treatment and prognosis
- Not psychotherapeutic modalities, but are diagnostic aids

## Documenting Psychological Testing

- Date
- Total time, including:
  - Face-to-face time administering tests to the patient
  - Interpretation of the test results
  - Preparing the report, including integration of other data acquired
- Patient age
- Referral source
- Reason for which psychological testing is warranted
- Procedures used (chart review, interview, etc)
- History of Present Illness
- Relevant Medical History
- Mental Status Examination / Update
- Results / Findings / Progress
- Diagnoses
- Plan of care
- Legible signature

## Neuropsychological Testing

- Testing intended to diagnose and characterize the neurocognitive effects of medical disorders that impinge directly or indirectly on the brain.

## Documenting Neuropsychological Testing

- Date
- Total time, including:
  - Face-to-face time administering tests to the patient
  - Interpretation of the test results
  - Preparing the report, including integration of other data acquired
- Patient age
- Referral source
- Reason for which psychological testing is warranted
- Procedures used (chart review, interview, etc)
- History of Present Illness
- Relevant Medical History
- Mental Status Examination / Update
- Results / Findings / Progress
- Diagnoses
- Plan of care
- Legible signature

## Neurobehavioral Status Exam

- Intended to describe the process of gathering clinical information that is used to assess brain dysfunction and the progression and change in symptoms over time.

## Documenting Neurobehavior Status Exams

- Date
- Clinical assessment of:
  - Thinking
  - Reasoning
  - Judgment
- Total time, including:
  - Face-to-face time administering tests to the patient
  - Interpretation of the test results
  - Preparing the report
- Procedures used (chart review, interview, etc)
- History of Present Illness
- Mental Status Examination / Update
- Results / Findings / Progress
- Diagnoses
- Plan of care
- Legible Signature



## Developmental Testing

- 96110: Screening tool to identify children who should receive a more intense diagnostic evaluation or assessment
  - Usually performed by pediatricians
- 96111: Intensive diagnostic evaluation or assessment that includes an assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments
  - eg, Bayley Scales of Infant Development

## Documenting Developmental Testing

- Date
- Total time, including:
  - Face-to-face time administering tests to the patient
  - Interpretation of the test results (when appropriate)
  - Preparing the report (when appropriate)
- Tests Performed
- Results / Findings / Progress
- Diagnoses
- Plan of care
- Legible Signature

## Other CNS Assessments/Tests

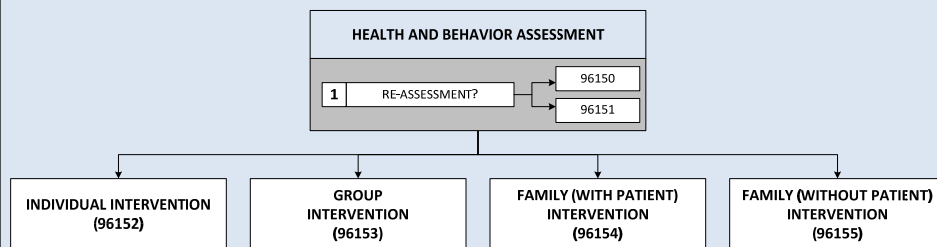
- 96105: Assessment of aphasia
  - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing
  - eg, by Boston Diagnostic Aphasia Examination
- 96125: Standardized cognitive performance testing
  - Example: This testing might be performed on a patient who has suffered a brain injury to determine any compromised functioning.

## Documenting Other CNS Assessments/Tests

- Date
- Total time, including:
  - Face-to-face time administering tests to the patient
  - Interpretation of the test results (when appropriate)
  - Preparing the report (when appropriate)
- Procedures used
- History of Present Illness
- Mental Status Examination/Update
- Results/Findings/Progress
- Diagnoses
- Plan of care
- Legible Signature

## Health and Behavior Assessments/Tests

## Health and Behavior Codes



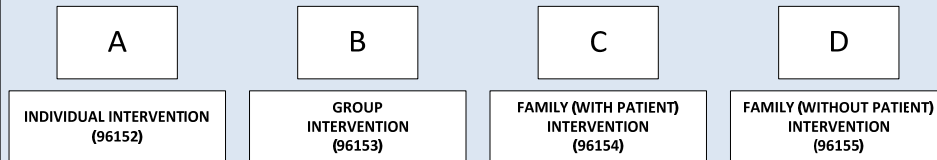
## Assessment or Re-assessment

- Used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.

## Documenting Assessments

- Date
- Evaluation methods used
- Observations
- Results of psychophysiological monitoring
- Summary of the assessment
- Recommendations
- Number of 15-minute units
- Total time spent with the patient
- Diagnosis

## Intervention Procedures



## Documenting Interventions

- Date
- Intervention methods used
- Observations
- Results of psychophysiological monitoring
- Summary of the intervention
- Recommendations
- Number of 15-minute units
- Total time spent with the patient or family
- Diagnosis

## Evaluation and Management Services

### E/M Services

- Cannot be used by Tier 3 or Tier 4 providers
- Most common use in mental health is for inpatient visits
- Used for health and behavior assessment and/or intervention services performed by a physician, clinical nurse specialist (CNS), or nurse practitioner (NP)

## Modifiers

## Modifiers

- E/M Modifiers may be needed depending on the codes that are billed.
  - 22: Increased procedural service
  - 25: Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service
- GC: Service has been performed in part by a resident under the direction of a teaching physician
- GE: This service has been performed by a resident without the presence of a teaching physician under the primary care exception

## Modifiers (cont.)

- AH: Services provided by a clinical psychologist
- AJ: Services provided by a clinical social worker
- HE in conjunction with SA: Services provided by a nurse practitioner or clinical nurse specialist
- HE: Services provided by any other mid-level practitioner
  - Advanced practice nurse (RN with masters in nursing and major in psychiatric or mental health nursing from accredited school)
  - Licensed marriage and family therapist
  - Licensed mental health counselor
  - A person holding a master's degree in social work, marital and family therapy, or mental health counseling
- HW: Medicaid Rehabilitation Option (MRO) services
- SA: NP/CNS rendering service in collaboration with a physician

*NOTE: Modifiers SA and HW may affect reimbursement*

## Diagnosis Coding



## Mental Health Diagnosis in Medical Offices

- Be aware that if Primary Care Providers (non-Psychiatrists) are treating “mental health” patients in their offices. They, most likely, will not be reimbursed for their services.
  - i.e. ADHD, depression, anxiety, etc.

## Options for Documenting Diagnosis

- Multiaxial
  - A multiaxial system involves an assessment on several axes, each of which refers to a different domain of information that may help the clinician plan treatment and predict outcome
- Nonaxial
  - Diagnosis are documented in a nonaxial format (principal diagnosis then additional diagnoses, etc.)

# MULTIAXIAL VS. NONAXIAL

Examples of How to Record Results of a DSM-IV Multiaxial Evaluation	Nonaxial Format
<p><i>Example 1:</i>                      Axis I 296.23 Major Depressive Disorder, Single Episode, Severe Without Psychotic Features                      305.00 Alcohol Abuse                      Axis II 301.6 Dependent Personality Disorder                      Frequent use of denial                      Axis III None                      Axis IV Threat of job loss                      Axis V GAF = 35 (current)</p>	<p><i>Example 1:</i>                      296.23 Major Depressive Disorder, Single Episode, Severe Without Psychotic Features                      305.00 Alcohol Abuse                      301.6 Dependent Personality Disorder</p>
<p><i>Example 2:</i>                      Axis I 300.4 Dysthymic Disorder                      315.00 Reading Disorder                      Axis II V71.09 No diagnosis                      Axis III 382.9 Otitis media, recurrent                      Axis IV Victim of child neglect                      Axis V GAF = 53 (current)</p>	<p><i>Example 2:</i>                      300.4 Dysthymic Disorder                      315.00 Reading Disorder                      382.9 Otitis media, recurrent</p>
<p><i>Example 3:</i>                      Axis I 293.83 Mood Disorder Due to Hypothyroidism, With Depressive Features                      Axis II V71.09 No diagnosis, histrionic personality features                      Axis III 244.9 Hypothyroidism                      365.23 Chronic angle-closure glaucoma                      Axis IV None                      Axis V GAF = 45 (on admission)                      GAF = 65 (at discharge)</p>	<p><i>Example 3:</i>                      293.83 Mood Disorder Due to Hypothyroidism, With Depressive Features                      244.9 Hypothyroidism                      365.23 Chronic angle-closure glaucoma</p>
<p><i>Example 4:</i>                      Axis I V61.10 Partner Relational Problem                      Axis II V71.09 No diagnosis                      Axis III None                      Axis IV Unemployment                      Axis V GAF = 83 (highest level past year)</p>	<p><i>Example 4:</i>                      V61.10 Partner Relational Problem</p>
<p><small>The above is taken from page 35 of the DSM-IV-TR*</small></p>	<p><small>The above is taken from page 37 of the DSM-IV-TR*</small></p>

## Differences

- 799.9: Indicates diagnosis deferred on either Axis I or Axis II
  - Multiaxial format only
  - Indicates information is inadequate to make any diagnostic judgment about an Axis I or Axis II diagnosis
- V71.09: Indicates no diagnosis present for either Axis I or Axis II
  - Multiaxial format only

## The 5 Axes

- Axis I Clinical Disorders  
Other Conditions That May Be a Focus of Clinical Attention
- Axis II Personality Disorders  
Mental Retardation
- Axis III General Medical Conditions
- Axis IV Psychosocial and Environmental Problems
- Axis V Global Assessment of Functioning

## Axis I

- Used for reporting all the various disorders or conditions in the Classification (DSM) except for:
  - Personality Disorders
  - Mental Retardation
  - General Medication Conditions
- Examples:
  - Disorders: Mood, anxiety, somatoform, substance-related, psychotic, eating, sleep, impulse control, adjustment, etc.

## Axis II

- Used for reporting:
  - Personality Disorders
    - Paranoid
    - Schizoid
    - Schizotypal
    - Antisocial
    - Borderline
    - Histrionic
    - Narcissistic
    - Avoidant
    - Dependent
    - Obsessive-Compulsive
    - Not Otherwise Specified
  - Mental Retardation

## Axis III

- Used for reporting:
  - General Medical Conditions that are *potentially relevant* to the understanding or management of the individual's mental disorder.

## Axis IV

- Used for reporting:
  - Psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis of mental disorders.
  - Includes:
    - Problems with primary support group
    - Problems related to the social environment
    - Educational problems
    - Occupational problems
    - Housing problems
    - Economic problems
    - Problems with access to health care services
    - Problems related to interaction with the legal system/crime
    - Other psychosocial and environmental problems

## Axis V

- Used for reporting:
  - The clinician's judgment of the individual's overall level of functioning.

## DSM-IV-TR vs. ICD-9-CM

- DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
- The DSM is used for diagnostic coding.
- Each DSM description has a corresponding ICD-9-CM code
- ICD-9-CM is updated more frequently, therefore, some ICD-9-CM codes listed in the DSM may be incorrect

## Principal Diagnosis/ Reason for Visit

- Same concept as in medical diagnosis coding
- Defined as the main focus of attention or treatment during an encounter.
- Should be listed first in the documentation and on the claim.
- Applies to both multi-axial and non-axial formatting.

## Provisional Diagnosis

- This is a term that may be used in the documentation when there is a strong presumption that the full criteria will ultimately be met for a disorder, but not enough information is available to make a firm diagnosis.
- Similar to “likely”, “suspected”, “possible” conditions.
- Should not be coded, instead the signs/symptoms should be coded.

ICD-10-CM

## Complications

## Winning the Game!

- Implement training and practice
- Determine the position each player may fill
- Determine the field of play
- Utilize documentation to determine the equipment
- Put it all together correctly!



## Resources Utilized

- 2012 CPT® Professional Edition
- 2012 ICD-9-CM
- 2012 HCPCS Level II
- DSM-IV-TR®
- Procedure Coding Handbook for Psychiatrists, Fourth Edition
- The Mental Status Exam Explained, Second Edition

## Questions?



- Chandra Stephenson, CPC, CPC-H, CPMA, CHA, CPC-I, CANPC, CEMC, CFPC, CGSC, CIMC, COSC
- Linda Hallstrom, CPC, CPMA, CPC-I, CEMC