Don’t Go Crazy
Coding Mental Health Services!

Disclaimer

The information in this presentation was current at the time the presentation was compiled and does not include specific payer policies or contract language. Always consult CPT®, CMS, and your payers for specific guidance in reporting services. The views expressed in this presentation are simply my interpretations of information I have read, compiled and studied. Much of the information is directly from the AMA, APA, AAPC, CMS literature and other reputable sources.
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

- Tier 1: Physicians (MD, DO)
- Tier 2: Non-Physician Practitioners (NP, PA, CNS)
- Tier 3: Clinical Psychologists (PhD, PsyD)
- Tier 4: Other Providers (LCSW, LMFT, LMHC, etc)
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

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

INDIVIDUAL PSYCHOTHERAPY (90804–90829)

1. WHAT TYPE?
2. WHERE?
3. IN SERVICE, TOOL?
4. VISIT LENGTH?

B

GROUP/FAMILY PSYCHOTHERAPY (90846–90852)

1. WHO WAS THERE?
2. INTERACTED?

C

PHARMACOLOGIC MANAGEMENT (90861, MD064)

1. HOW LONG?
2. WHAT WAS DONE?

D

OTHER PSYCHOTHERAPY (ALL OTHER 908xx)

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

![Flowchart](image)

**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

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### Documenting Pharmacologic Management

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90862</td>
<td>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</td>
</tr>
<tr>
<td>M0064</td>
<td>Date, Face-to-face encounter time, Diagnoses, Name of medication being checked, Reasons for continuation or changes in medication, Legible signature</td>
</tr>
</tbody>
</table>
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

- Health and Behavior Assessment
  - Reassessment
    - 96150
    - 96151
  - Individual Intervention (96152)
  - Group Intervention (96153)
  - Family (with Patient) Intervention (96154)
  - Family (without Patient) Intervention (96155)
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

A  INDIVIDUAL INTERVENTION (9615)
B  GROUP INTERVENTION (9615)
C  FAMILY (WITH PATIENT) INTERVENTION (9615)
D  FAMILY (WITHOUT PATIENT) INTERVENTION (9615)

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

- 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**

<table>
<thead>
<tr>
<th>Axis I</th>
<th>DSM-IV Code</th>
<th>Description</th>
<th>Axis II</th>
<th>DSM-IV Code</th>
<th>Description</th>
<th>Axis III</th>
<th>DSM-IV Code</th>
<th>Description</th>
<th>Axis IV</th>
<th>DSM-IV Code</th>
<th>Description</th>
<th>Axis V</th>
<th>DSM-IV Code</th>
<th>Description</th>
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#### Nonaxial Format

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### 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 Narcissistic
    Schizoid Avoidant
    Schizotypal Dependent
    Antisocial Obsessive-Compulsive
    Borderline Not Otherwise Specified
    Histrionic
  – 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 multiaxial and nonaxial 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
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