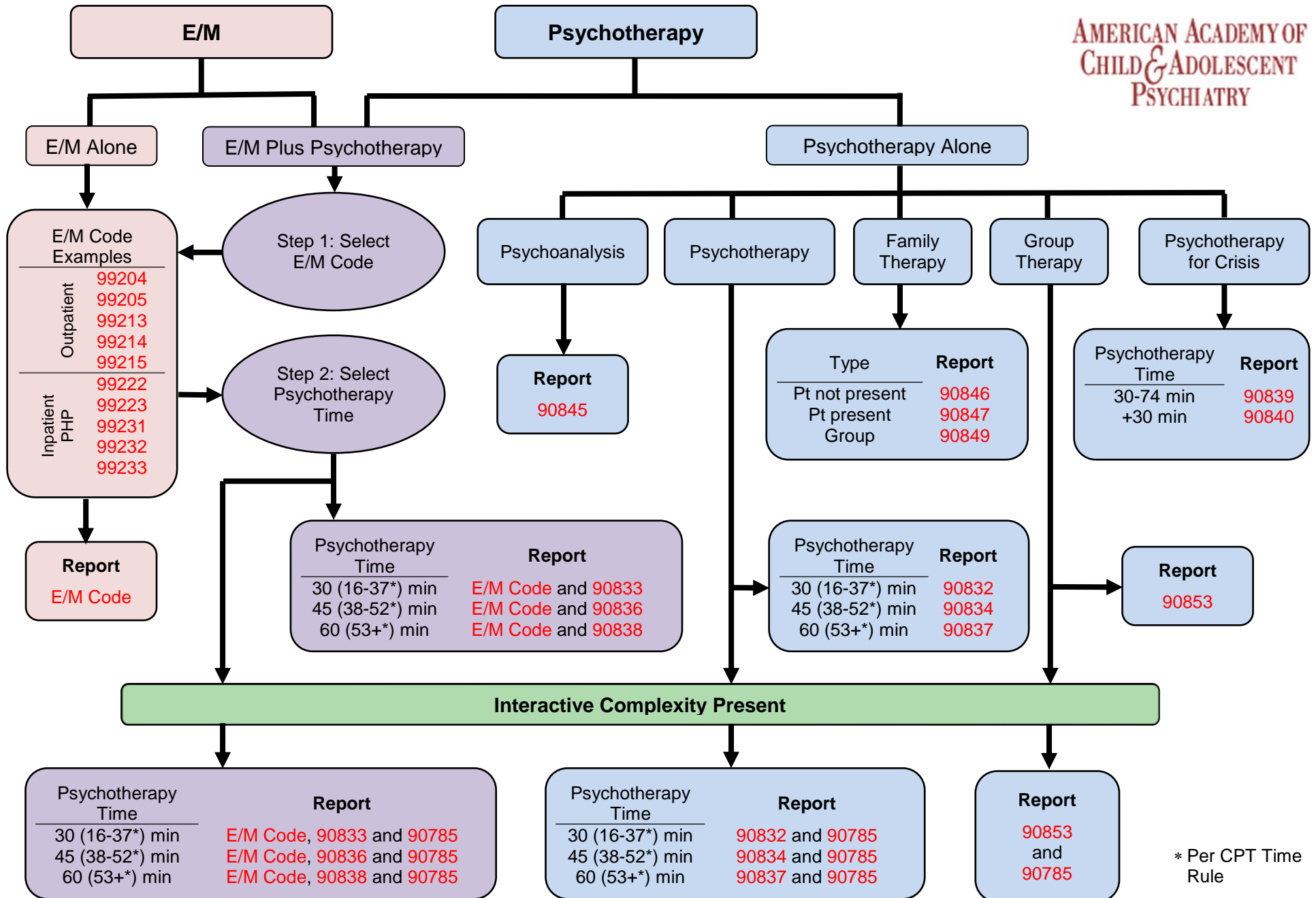


E/M and Psychotherapy Coding Algorithm

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AMERICAN ACADEMY OF
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PSYCHIATRY



Evaluation and Management Services Guide

Coding by Key Components

History	Chief Complaint (CC)		History of present illness (HPI)		Past, family, social history (PFSH)		Review of systems (ROS)		
	Reason for the visit		Location; Severity; Timing; Quality; Duration; Context; Modifying Factors; Associated signs and symptoms		Past medical; Family medical; Social		Constitutional; Eyes; Ears, Nose, Mouth, and Throat; Cardiovascular; Respiratory; Genitourinary; Musculoskeletal; Gastrointestinal; Skin/Breast; Neurological; Psychiatric; Endocrine; Hematologic/Lymphatic; Allergic/Immunologic		
	CC		HPI		PFSH		ROS		History Type
	Yes	<i>Brief</i> (1-3 elements or 1-2 chronic conditions)		N/A		N/A		<i>Problem pertinent</i> (1 system)	<i>Problem focused (PF)</i>
		<i>Extended</i> (4 elements or 3 chronic conditions)		<i>Pertinent</i> (1 element)		<i>Extended</i> (2-9 systems)		<i>Complete</i> (10-14 systems)	<i>Expanded problem focused (EPF)</i>
				<i>Complete</i> (2 elements (est) or 3 elements (new/initial))				<i>Detailed (DET)</i>	
								<i>Comprehensive (COMP)</i>	
Examination	System/body area				Examination				
	Constitutional				<ul style="list-style-type: none"> 3/7 vital signs: sitting or standing BP, supine BP, pulse rate and regularity, respiration, temperature, height, weight General appearance 				
	Musculoskeletal				<ul style="list-style-type: none"> Muscle strength and tone Gait and station 				
	Psychiatric				<ul style="list-style-type: none"> Speech Thought process Associations Abnormal/psychotic thoughts Judgment and insight Orientation Recent and remote memory Attention and concentration Language Fund of knowledge Mood and affect 				
	Examination Elements				Examination type				
	1-5 bullets				<i>Problem focused (PF)</i>				
	At least 6 bullets				<i>Expanded problem focused (EPF)</i>				
At least 9 bullets				<i>Detailed (DET)</i>					
All bullets in Constitutional and Psychiatric (shaded) boxes and 1 bullet in Musculoskeletal (unshaded) box				<i>Comprehensive (COMP)</i>					
Med Dec Making	Medical Decision Making Element						Determined by		
	Number of diagnoses or management options						Problem points chart		
	Amount and/or complexity of data to be reviewed						Data points chart		
	Risk of significant complications, morbidity, and/or mortality						Table of risk		
	Problem Points								
	Category of Problems/Major New symptoms						Points per problem		
	Self-limiting or minor (stable, improved, or worsening) (max=2)						1		
	Established problem (to examining physician); stable or improved						1		
	Established problem (to examining physician); worsening						2		
	New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)						3		
New problem (to examining physician); additional workup planned*						4			
*Additional workup does not include referring patient to another physician for future care									

Evaluation and Management Services Guide

Coding by Key Components

Medical Decision Making	Data Points							
	Categories of Data to be Reviewed (max=1 for each)			Points				
	Review and/or order of clinical lab tests			1				
	Review and/or order of tests in the radiology section of CPT			1				
	Review and/or order of tests in the medicine section of CPT			1				
	Discussion of test results with performing physician			1				
	Decision to obtain old records and/or obtain history from someone other than patient			1				
	Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider			2				
	Independent visualization of image, tracing, or specimen itself (not simply review report)			2				
	Table of Risk							
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected					
<i>Minimal</i>	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest					
<i>Low</i>	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs					
<i>Moderate</i>	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management					
<i>High</i>	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity					
Problem Points		Data Points	Risk	Complexity of Medical Decision Making				
2/3 elements must be met or exceeded:	0-1	0-1	Minimal	<i>Straightforward</i>				
	2	2	Low	<i>Low</i>				
	3	3	Moderate	<i>Moderate</i>				
	4	4	High	<i>High</i>				
CPT Codes	New Patient Office (requires 3 of 3)				Established Patient Office (requires 2 of 3)			
	CPT Code	History	Exam	MDM	CPT Code	History	Exam	MDM
	99201	PF	PF	Straightforward	99211	N/A	N/A	N/A
	99202	EPF	EPF	Straightforward	99212	PF	PF	Straightforward
	99203	DET	DET	Low	99213	EPF	EPF	Low
	99204	COMP	COMP	Moderate	99214	DET	DET	Moderate
	99205	COMP	COMP	High	99215	COMP	COMP	High
	Initial Hospital/PHP (requires 3 of 3)				Subsequent Hospital/PHP (requires 2 of 3)			
	CPT Code	History	Exam	MDM	CPT Code	History	Exam	MDM
	99221	DET	DET	Straightforward	99231	PF	PF	Straightforward
	99222	COMP	COMP	Moderate	99232	EPF	EPF	Moderate
	99223	COMP	COMP	High	99233	DET	DET	High



Interactive Complexity

Revised 11/3/12

Definition

A new concept in 2013, interactive complexity refers to 4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code **90785**.

Code Type

Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.

Replaces

Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

Use in Conjunction With

The following psychiatric "primary procedures":

- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M
- Group psychotherapy, 90853

When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work *intensity* of the psychotherapy service, and does not change the *time* for the psychotherapy service.

May Not Report With

- Psychotherapy for crisis (90839, 90840)
- E/M *alone*, i.e., E/M service *not* reported in conjunction with a psychotherapy add-on service
- Family psychotherapy (90846, 990847, 90849)

Typical Patients

Interactive complexity is often present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.

Report 90785

When at least one of the following communication factors is present during the visit:

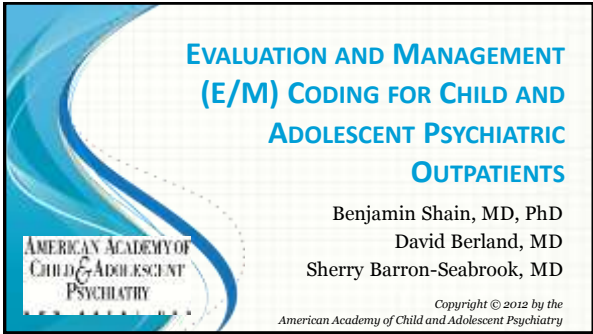
1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for the purpose of translation or interpretation services" as that may be a violation of federal statute.

Complicating Communication Factor Must Be Present *During* the Visit

The following examples are **NOT** interactive complexity:

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors



**EVALUATION AND MANAGEMENT
(E/M) CODING FOR CHILD AND
ADOLESCENT PSYCHIATRIC
OUTPATIENTS**

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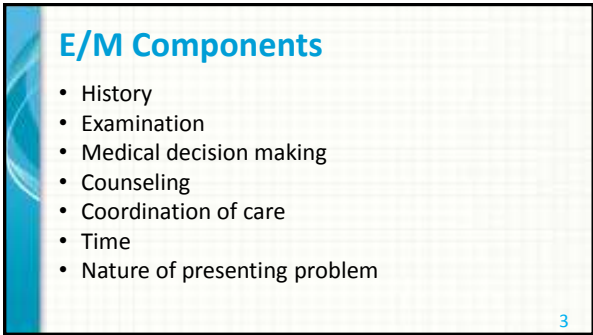
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PSYCHIATRY

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OVERVIEW

2



E/M Components

- History
- Examination
- Medical decision making
- Counseling
- Coordination of care
- Time
- Nature of presenting problem

3

History

- Chief complaint (CC)
- History of present illness (HPI)
 - Elements: location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms
 - Chronic or inactive problems
- Past, Family, Social History (PFSH)
- Review of systems (ROS): 14 organ systems

4

HPI Levels

- Brief
 - 1-3 elements OR
 - Status of 1-2 chronic or inactive conditions
- Extended
 - 4 or more elements OR
 - Status of at least 3 chronic or inactive conditions

5

Past, Family and/or Social History (PFSH)

- Pertinent
 - Item from 1 area
- Complete
 - Item each from 2 areas (established patient)
 - Item each from all 3 areas (new patient)

6

Review of Systems

- Constitutional
- Eyes
- Ears, Nose, Mouth, and Throat
- Cardiovascular
- Respiratory
- Genitourinary
- Musculoskeletal
- Gastrointestinal
- Integumentary (skin and/or breast)
- Neurological
- Psychiatric
- Endocrine
- Hematologic and Lymphatic
- Allergic/Immunologic

7

Review of Systems

- *Problem pertinent:* System directly related to the problem(s) identified in the HPI
- *Extended:* 2-9 systems
- *Complete:* 10 or more systems
 - Document individually systems with positive or pertinent negative responses
 - “All other systems reviewed and are negative” is permissible
 - In the absence of such a notation, at least 10 systems must be individually documented

8

History Type

HPI	PFSH	ROS	Type
Brief	N/A	N/A	<i>Problem focused</i>
Brief	N/A	Problem pertinent	<i>Expanded problem focused</i>
Extended	Pertinent*	Extended	<i>Detailed</i>
Extended	Complete	Complete	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits

9

History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

10

- ### Physical Examination
- Psychiatric single system examination
 - Constitutional
 - Musculoskeletal
 - Psychiatric (mental status)
- 11

- ### Psychiatric Exam
- #### Constitutional (shaded box)
- Three vital signs:
 - Sitting or standing blood pressure
 - Supine blood pressure
 - Pulse rate and regularity
 - Respiration
 - Temperature
 - Height
 - Weight
 - General appearance of patient, e.g.:
 - Development
 - Nutrition
 - Body habitus, deformities
 - Attention to grooming
- 12

Psychiatric Exam
Musculoskeletal (unshaded box)

- Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements
- Examination of gait and station

13

Psychiatric Exam
Mental Status (shaded box)

- Speech
- Thought process
- Associations
- Abnormal or psychotic thoughts
- Judgment and insight
- Orientation
- Recent and remote memory
- Attention span and concentration
- Language
- Fund of knowledge
- Mood and affect

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Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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Medical Decision Making

- Number of diagnoses or management options
- Risk of complications and/or morbidity or mortality
- Amount and/or complexity of data to be reviewed

2/3 elements must be met or exceeded

16

Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

17

Number of Diagnoses or Management Options

Level	Total Problem Points
Minimal	0-1
Limited	2
Multiple	3
Extensive	4+

18

Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

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Amount and/or Complexity of Data to be Reviewed

Level	Total Data Points
Minimal or None	0-1
Limited	2
Moderate	3
Extensive	4+

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Risk of Significant Complications, Morbidity, and/or Mortality

- Based on risks associated with the presenting problem, diagnostic procedure, and the possible management options
- The highest level of risk in any one of these categories determines the overall risk

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Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

22

Medical Decision Making

2/3 elements must be met or exceeded:

Number of diagnoses or management options	Amount and/or complexity of data	Risk	Complexity of medical decision making
Minimal	Minimal or None	Minimal	<i>Straightforward</i>
Limited	Limited	Low	<i>Low</i>
Multiple	Multiple	Moderate	<i>Moderate</i>
Extensive	Extensive	High	<i>High</i>

23

Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

24

“Typical” Time

- Guide when code level is determined by key components
- Actual time may be more or less
- This system rewards efficiency
- No need to track or document

25

Counseling and/or Coordination of Care Exception

- Counseling and/or coordination of care are more than 50% of the time of the encounter
- Time becomes the controlling factor
 - Face-to-face time for office visits
 - Unit time for facility visits
- Document
 - Length of time of the encounter and of the time spent in counseling and coordination of care
 - The counseling and/or coordination of care activities

26

Code by Type of Visit

- Driven by complexity of medical decision making
 - Acute medical problems
 - Managing chronic conditions
- Exceptions
 - “Check up”
 - After gap in treatment
 - Stable patient requires careful monitoring
 - Counseling and/or coordination of care are greater than 50% of the time of the visit

27

New and Established Patient

- New patient
 - Not seen within the past 3 years
- Established patient
 - Seen within the past 3 years

- “Seen”
 - **Exact** same specialty **and subspecialty**
 - Same group practice.
 - Covering same as covered

28

**ESTABLISHED
OUTPATIENT:
99211-99215**

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Established Outpatient: Reimbursement and Utilization

Code	Medicare	Utilization
99211	\$19.74	5%
99212	\$42.55	4%
99213	\$70.46	49%
99214	\$104.16	37%
99215	\$139.89	5%

30

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making	Typical Time (minutes)
99211	N/A	N/A	N/A	5
99212	Problem-focused	Problem-focused	Straightforward	10
99213	Expanded Problem-focused	Expanded Problem-focused	Low	15
99214	Detailed	Detailed	Moderate	25
99215	Comprehensive	Comprehensive	High	40

31

99211

- Does not require contact with the physician
- Activity must be medically meaningful

32

99211 Example

- 10 year-old male comes to office and sees nurse
- Prescription is renewed
- Appointment made with physician for next week

33

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

34

99212 Example

- 15 year-old female with a history of depression is stable on an SSRI for the past 4 months and reports no depressive symptoms.
- No treatment changes; medication is prescribed at the same dose.

35

Medical Decision Making

- Number of diagnoses and management options: problem points

• Amount and/or complexity of data to be reviewed: data points
- Risk related to presenting problem, diagnostic tests, or management options considered

36

99212 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

99212 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

99212 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

99212 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

40

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

41

99212 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

42

99212 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

43

99212 Example: Progress Note

- CC: 15 yo female. Follow up visit for treatment of depression.
- HPI: Mood euthymic.
- PE: Speech: normal rate and tone
- Impr: Doing well for diagnosis of major depression, recurrent, unspecified
- Plan: Continue same medication dose, wrote script for _____. Return visit in 3 months.

44

99212 Example: Unusual?

Any of the following would have brought the visit to 99213:

- Possibility 1
 - Separate history from mother
 - Total data points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF

45

99212 Example:
Medical Decision Making
2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

46

99212 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

47

99212 Example:
Medical Decision Making
2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

48

99212 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

49

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

50

99212 Example: Unusual?

Any of the following would have brought the visit to 99213:

- Possibility 1
 - Separate history from mother
 - Total data points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF
- Possibility 2
 - Evaluation and management for a second problem
 - E.g., broke up with boyfriend, conflict with parents
 - Total problem points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF

51

99212 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

52

99212 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

53

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

54

99212 Example: Unusual?

Any of the following would have brought the visit to 99213:

- Possibility 1
 - Separate history from mother
 - total data points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF
- Possibility 2
 - Evaluation and management for a second problem
 - E.g., broke up with boyfriend, conflict with parents
 - Total problem points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF
- Possibility 3
 - Pertinent negatives for the psychiatric system
 - History EPF
 - 6 MSE elements
 - Examination EPF

55

99212 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

56

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

57

When coding based on just level of history and examination, be cognizant that the history and examination performed are medically necessary.

58

Established Outpatient
Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

59

99213 Example

- 9 year-old male, accompanied by mother, with a history of ADHD and oppositional behavior, overall doing well but still having some focus difficulties.
- Increase stimulant dose.

60

99213 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

61

99213 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

62

99213 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

63

99213 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

64

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

65

99213 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

66

99213 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

67

99213 Example: Progress Note

- CC: 9 yo male. Follow up visit for treatment of ADHD and oppositional behavior.
- HPI: Keeping up academically; focus is better but still impaired. Little oppositional behavior either at home or at school.
- ROS: Psychiatric - No symptoms of depression or anxiety.
- PE: Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI
- Impr: ADHD, oppositional behavior; overall doing well
- Plan: Increase _____. Wrote script. Return visit in 1 month.

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

69

99214 Example 1

- 16 year-old female, accompanied by mother, with a history of depression and anorexia nervosa, has had onset of panic with 3 attacks in the past week.
- Increase SSRI dose, refer for psychotherapy, order labs.

70

99214 Example 1: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99214 Example 1: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

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Evaluation and Management (E/M) Coding for Child and Adolescent Psychiatric Outpatients

99214 Example 1: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99214 Example 1: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

74

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

75

99214 Example 1: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99214 Example 1: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

77

99214 Example 1: Progress Note

- CC: 16 yo female. Recent panic attacks.
- HPI: History obtained from patient and mother. New onset of 3 panic episodes, lasting 20-30 min each and consisting of moderate to severe anxiety accompanied by fear of losing control and sweating, started 1 week ago with no obvious trigger.
- PFSH: No use of drugs or alcohol
- ROS: Psychiatric - anxiety but no depression, or bingeing, purging or restricting. Neurologic - no headaches or weakness. Cardiac - no c/p, SOB, palpitations.
- PE: Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/H; OX3; recent and remote memory: good; J&I: good.
- Imp: r/o new onset panic disorder; MDD and Anorexia stable
- Plan: Increase SSRI. CBC, CMP, TFTs. Wrote script. Return visit in 1 week. Refer back to therapist.

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making	Typical Time (minutes)
99211	N/A	N/A	N/A	5
99212	Problem-focused	Problem-focused	Straightforward	10
99213	Expanded Problem-focused	Expanded Problem-focused	Low	15
99214	Detailed	Detailed	Moderate	25
99215	Comprehensive	Comprehensive	High	40

79

99214 Example 2

- 13 year-old male, accompanied by father, with a history of depression. Stable for the past month.
- Address considerable concern about continuation of medication.
 - Continue SSRI dose, write script.

80

99214 Example 2: Progress Note

- CC: 13 yo male, accompanied by father. Follow up visit for depression.
 - HPI: Both have considerable concern about continuation of the medication, particularly with patient doing well over the past month. Education regarding potential for adverse effects, potential for relapse, and roadmap for treatment.
- Face-to-face time with patient and father = 25 min, including greater than 50% time spent with counseling and coordination of care.
 - Impr: stable MDD
 - Plan: Continue SSRI. Wrote script. Return visit in 1 month.

81

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

82

99215 Example 1

- 14 year-old male, accompanied by parents, and with a history of depression, anxiety, and ADHD, brought in after stating that he is much more depressed and anxious and has considered suicide.
- Increase SSRI dose, refer for hospital day program; call PCP.

83

99215 Example 1: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

84

99215 Example 1: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

85

99215 Example 1: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99215 Example 1: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

87

Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

88

99215 Example 1: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99215 Example 1: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

90

99215 Example 1: Progress Note

- CC: 14 year-old male, accompanied by parents, stating that he has considered suicide
- History obtained from patient and parents.
- HPI: Upset and severely anxious after being ridiculed by peers on the internet 3 weeks ago. Depressed and hopeless over the past week with thoughts of suicide (no intent or plan) and poor sleeping and concentration. No evident ADHD symptoms beyond poor concentration associated with depression and anxiety.
- PFSH: No use of drugs or alcohol, no family history of suicidality
- ROS: Psychiatric - anxious and depressed, no psychosis or mania. Neurologic – no headaches or weakness. All other systems reviewed and are negative.

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99215 Example 1: Progress Note

- PE: VS: BP 120/80, pulse 90 and regular, R20; Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, SI, no HI, no hall. or delusions; Ox3; recent and remote memory: good; J&I: fair; Gait and station: wnl; attention and concentration impaired; language: good; fund of knowledge: good.
- Impr: relapse of MDD and Anxiety NOS; suicide can be safely managed with intense outpatient services. ADHD stable.
- Plan: Increase SSRI. Start day program at _____. Case discussed with PCP.

92

99215 Example 2

- 10 year-old female, accompanied by mother, last seen 2 years ago for ADHD, brought in for treatment reevaluation for poor grades and disruptive behaviors.
- Change stimulant; Connor's forms sent to teacher; call PCP.

93

99215 Example 2: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

99215 Example 2: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

99215 Example 2: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

99215 Example 2: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

98

99215 Example 2: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99215 Example 2: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

100

99215 Example 2: Progress Note

- CC: 10 year-old female, accompanied by mother, for re-evaluation of ADHD treatment; history obtained from patient and mother.
- HPI: diagnosed with ADHD 4 years ago and last seen 2 years ago with care since then from patient's PCP. Did well in 4th grade, last year, but in 5th grade patient has been moderately inattentive and talkative in school and forgetful of homework. No med side effects. Does fine when likes the subject.
- PFSH: no cardiac history, lives with parents and attends 5th grade.
- ROS: Psychiatric - no significant anxiety or depression. Neurologic - no headaches or weakness. Cardiac - no c/p, palpitations, SOB. All other systems reviewed and are negative.

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99215 Example 2: Progress Note

- PE: VS: BP 110/70, pulse 85 and regular, Ht 4'10" Wt 80 lbs; Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI, no hall. or delusions; O&S: Recent and remote memory: good; J&I: good; Gait and station: wnl; Attention and concentration impaired; Language: good; Fund of knowledge: good.
- Impr: worsening ADHD symptoms
- Plan: Increase stimulant. Connor's forms to teacher. Call PCP.

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**NEW OUTPATIENT:
99201-99205**

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**New Outpatient:
Reimbursement and Utilization**

Code	Medicare	Utilization
99201	\$41.11	1%
99202	\$71.01	6%
99203	\$102.95	29%
99204	\$158.33	43%
99205	\$197.06	21%

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New Outpatient
3/3 components:

Code	History	Examination	Medical Decision Making	Typical Time (minutes)
99201	Problem focused	Problem focused	Straightforward	10
99202	Expanded problem focused	Expanded problem focused	Straightforward	20
99203	Detailed	Detailed	Low	30
99204	Comprehensive	Comprehensive	Moderate	45
99205	Comprehensive	Comprehensive	High	60

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New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

106

99204 Example

- 15 year-old female, accompanied by parents, reporting increasing counting and hand-washing rituals as well as intermittent mild to moderate depression.
- Start SSRI, refer for psychotherapy.

107

99204 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99204 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

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99204 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99204 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

111

New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

112

99204 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99204 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99204 Example: Progress Note

- CC: 15 year-old female, accompanied by parents, reporting increasing counting and hand-washing rituals as well as intermittent mild to moderate depression; history obtained from patient and parents.
- HPI: Fear of germs, repeated hand-washing and counting, and intermittent sadness started 2 years ago, now interferes with completion of schoolwork and home tasks, leading to tension with parents. Rituals worse when stressed.
- PFSH: No prior mental health treatment, no family history of mental health problems, no use of drugs or alcohol
- ROS: Psychiatric - depression, ritualistic behavior. Neurologic - no headaches or weakness. All other systems reviewed and are negative.

115

99204 Example: Progress Note

- PE: VS: BP 110/70, pulse 70 and regular, R18; Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI, no hall. or delusions; O&3; recent and remote memory: good; J&I: fair; Gait and station: wnl; attention and concentration good; language: good; fund of knowledge: good.
- Impr: OCD, MDD
- Plan: Start SSRI and CBT.

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New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

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99205 Example

- 8 year-old male, accompanied by parents, with poor attentiveness and disruptive behavior in school.
- Connor's form for teacher, order CBC, CMP, TFTs, EKG, send for pediatric records.

118

99205 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99205 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing, or specimen itself (not simply review report)	2

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Evaluation and Management (E/M) Coding for Child and Adolescent Psychiatric Outpatients

99205 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99205 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

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99205 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99205 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99205 Example: Progress Note

- CC: 8 year-old male, accompanied by parents, with poor attentiveness and disruptive behavior in school; history obtained from patient and parents.
- HPI: Has always been active, gradually more problems in school, now to the point of significant disruption. Behavior has been manageable at home.

- PFSH: No prior mental health treatment, no family history of mental health problems, attends 3rd grade
- ROS: Psychiatric - inattentive and disruptive, no significant depression or anxiety. Neurologic – no headaches or weakness. Cardiac – no heart murmur, palpitations. All other systems reviewed and are negative.

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99205 Example: Progress Note

- PE: VS: BP 100/60, pulse 80 and regular, Ht 48", Wt 60 lbs; Appearance: appropriately dressed, verbal and very fidgety; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI, no hallucinations or delusions; O&X3; recent and remote memory: good; J&I: fair; Gait and station: wnl; attention and concentration fair; language: good; fund of knowledge: good.
- Impr: ADHD
- Plan: Connor's form for teacher, order CBC, CMP, TFTs, EKG, send for pediatric records

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That's It for Now!

- Please view other AACAP presentations for other CPT coding topics
- Questions sent to Jennifer Medicus at jmedicus@aacap.org will be passed on to the AACAP CPT Coding Subcommittee.

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2013 PSYCHIATRY CPT CODES

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AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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OVERVIEW

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The "Old" Psychiatry Codes

- Diagnostic
 - Psychiatric diagnostic interview examination (90801)
 - Examination using interactive techniques (90802)
- Therapeutic
 - Individual psychotherapy
 - Other psychotherapy
 - Other psychiatric services

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Individual Psychotherapy

- 24 codes (90804-90829)
- Time
 - 20-30 min
 - 45-50 min
 - 75-80 min
- Medical
 - Without E/M
 - With E/M
- Site of service
 - Outpatient or office
 - Facility
- Type of psychotherapy
 - Insight oriented, behavior modifying and/or supportive
 - Interactive

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Other Psychotherapy

- Psychoanalysis (90845)
- Family psychotherapy
 - Patient not present (90846)
 - Patient present (90847)
 - Multiple-family group (90849)
- Group psychotherapy (90853)
- Interactive group psychotherapy (90857)

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Other Psychiatric Services

- Pharmacologic management (90862)
- Narcosynthesis
- TMS
- ECT
- Biofeedback
- Hypnotherapy
- Environmental intervention
- Evaluation of records
- Interpretation or explanation
- Preparation of report
- Unlisted psychiatric service

6

Pharmacologic Management (90862)

- Written over 20 years ago
 - At that time, medication management was typically 1 medication at a time
- One level of service
- Accounted for 60% of *all* billing by psychiatrists

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Evaluation and Management Codes

- Code starts with "99"
- Used to report a medical service rendered during a patient visit
- Used by all physicians and other qualified health care professionals (APN and PA)
- Commonly used for facility care
 - Inpatient
 - Partial hospital
- Most carriers aside from Medicare restricted psychiatrists from using these codes for outpatient care

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2012 Codes: Limited Description of Medical Services

- The main problem with the 2012 psychiatry code set was the limited ability to describe the typical medical services required for current psychiatric patients
- Diagnostic codes
 - Same whether with medical services or not
- Individual psychotherapy
 - Low level medical service
 - Low level reimbursement
 - For example, Medicare payment for 90805 was only \$10.22 more than 90804
- Other psychotherapy
 - No medical services included at all

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Other Issues with the “Old” Codes


- Individual psychotherapy
 - In practice was not really “individual” as it often included various combinations of patient, parent(s), and other family members
- “Interactive” defined too narrowly
 - Difficulties with language not the only complicating communication challenge
- Evaluations
 - Typically require more than one visit
 - Interview(s) with the parent(s) in addition to the child

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2013 Modified Psychiatry Code Categories

- Evaluation and management (E/M)
- Interactive complexity
- Diagnostic evaluation
- Psychotherapy
- Other psychotherapy
- Other psychiatric services

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E/M CODES

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E/M Codes

- Prior to 2013, most payers eventually reimbursed psychiatrists for E/M services
- Psychiatric use of outpatient E/M codes, however, is perhaps that largest change for the 2013 psychiatry codes
- Psychiatric services now may be reported with the same range of complexity and physician work as has long been available to all other medical specialties
 - In addition, E/M codes typically pay more for the same service

History		Examination		Medical Decision Making	
Chief Complaint	History of present illness (HPI)	General	Neurological	Problem Focused	Complexity of Problem Focused History and Examination
Review of Systems	Physical Examination	Problem Focused	Extended	Established Patient Office	Subsequent Hospital/OP
Psychiatric History	Psychiatric Examination	Established Patient Office	Subsequent Hospital/OP	Initial Hospital/OP	Subsequent Hospital/OP



“Old” Interactive Codes

- All deleted:
 - Interactive diagnostic interview examination
 - Interactive individual psychotherapy
 - Interactive group psychotherapy
- Meant to capture language difficulties
 - Typically for children
 - Use of physical aids and non-verbal communication

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Interactive Complexity

- Add-on code +90785
- Add-on code background
 - Designated with “+” prefix
 - May only be reported in conjunction with specified other codes (“primary procedure”)
 - Never reported alone
- +90785
 - Describes 4 types of communication difficulties
 - These difficulties complicate the primary procedure
 - Describes types of patients and situations most commonly associated

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4 Specific Communication Difficulties

- The difficulties
 1. Maladaptive communication among staff participants
 2. Interference from associations, emotions or behavior
 3. Disclosure and discussion of a sentinel event
 4. Language difficulties
- Complicate the work of the primary psychiatric procedure
- These are communication difficulties **during** the psychiatric procedure

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The Primary Procedures

- **May** be reported in conjunction with
 - Psychiatric diagnostic evaluation (90791, 90792)
 - Psychotherapy (90832, 90834, 90837)
 - Psychotherapy add-on (+90833, +90836, +90838) when reported with E/M
 - Group psychotherapy (90853)
- **May not** be reported in conjunction with E/M alone or any other code

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The Typical Patient

- Others legally responsible for patient's care
 - Minors or adults with guardians
- Others involved in patient's care *during the visit*
 - Adults accompanied by
 - Participating family members
 - Interpreter or language translator
- Required involvement of other third parties
 - Child welfare agencies
 - Parole or probation officers
 - Schools

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The Communication Difficulties

- Interactive complexity may be reported when at least one of the following communication difficulties is present:
 - The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care
 - Caregiver emotions/behavior that interfere with implementation of the treatment plan
 - Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants
 - Use of play equipment, physical devices, interpreter or translator to overcome significant communication barriers

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Maladaptive Communication

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care
- Vignette (reported with 90834, Psychotherapy 45 min)
 - Psychotherapy for an older elementary school-aged child accompanied by divorced parents, reporting declining grades, temper outbursts, and bedtime difficulties. Parents are extremely anxious and repeatedly ask questions about the treatment process. Each parent continually challenges the other's observations of the patient.

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Caregiver Emotions/Behavior

- Caregiver emotions/behavior that interfere with implementation of the treatment plan
- Vignette (reported with 90832, psychotherapy 30 min)
 - Psychotherapy for young elementary school-aged child. During the parent portion of the visit, mother has difficulty refocusing from verbalizing her own job stress to grasp the recommended behavioral interventions for her child.

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Sentinel Event

- Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants
- Vignette (reported with 90792, psychiatric diagnostic evaluation with medical services)
 - In the process of an evaluation, adolescent reports several episodes of sexual molestation by her older brother. The allegations are discussed with parents and report is made to state agency.

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Communication Barriers


- Use of play equipment, physical devices, interpreter or translator to overcome significant communication barriers
- Vignette (reported with 90853, group psychotherapy)
 - Group psychotherapy for an adolescent who requires a sign language interpreter to follow the conversation in the group

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Psychotherapy Time with +90785

- When performed with psychotherapy
 - Interactive complexity component (+90785) relates ONLY to the increased work intensity of the psychotherapy service
- +90785 does NOT change the time for the psychotherapy service

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PSYCHIATRIC DIAGNOSTIC EVALUATION

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Psychiatric Diagnostic Evaluation

- Psychiatric Diagnostic Interview Examination (90801) and Interactive Psychiatric Diagnostic Interview Examination (90802) are deleted
- The new codes differentiate
 - Diagnostic services done without medical services (90791)
 - Done with medical services (90792)
- Interactive component of the diagnostic evaluation
 - Formerly included in code 90802
 - Now captured by reporting +90785 in conjunction with 90791 or 90792

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90791 and 90792

- 90791 (non medical)
 - Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations.
 - The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.
- 90792 (medical)
 - Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations.
 - The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.

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What's the Difference?

- Medical activities
 - Other physical examination elements as indicated
 - Prescription of medications
 - Review and ordering of laboratory or other [medical] diagnostic studies
- Medical thinking
 - Note that this is not specified in the code description, but represents AACAP intent during the code development process

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Medical Thinking

- Medical thinking is likely the main component that differentiates an evaluation by a psychiatrist, APN, or PA from one by a non medical provider
- Includes *consideration* of
 - Medical history and comorbidities
 - Medications prescribed by others
 - Further medical work up
 - Medical treatments
 - Integration of signs and symptoms from a medical standpoint

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Documentation

- Presumably we all think medically by virtue of our training
 - That is not enough!
- We must
 - Actually do so for the service in question
 - **Document** what we do

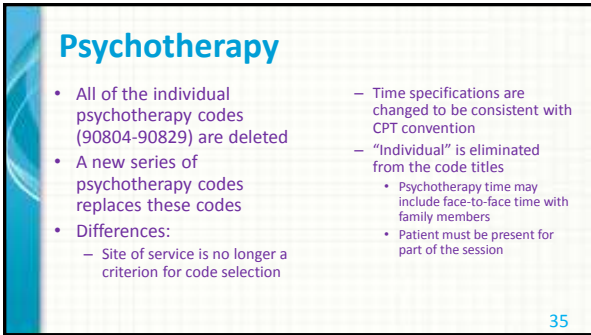
32

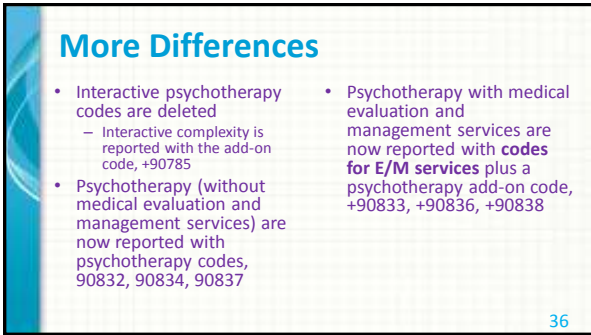
Additional Notes

- In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient
- Codes 90791, 90792 may be reported **more than once** for the patient when separate diagnostic evaluations are conducted with the patient and other informants on **different** days
- Use the same codes, 90791 and 90792, for later reassessment, as indicated
- Do not report codes 90791 and 90792 on the same day as a psychotherapy or E/M service

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CPT Time Convention

- Codes reported based on time are described by "exact" times
- Ranges are determined by the following
 - The "exact" time for a single code or the first code in a series is achieved once the actual time crosses the midpoint
 - E.g., 30 minute code requires actual time of at least 16 minutes
 - In a series, choose the code with the "exact" time closest to the actual time

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Psychotherapy Codes

Code	"Exact" Time (minutes)	Actual Time Range (minutes)
90832, +90833	30	16-37
90834, +90836	45	38-52
90837, +90838	60	53+

Psychotherapy for less than 16 minutes may not be reported

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2 Types of Psychotherapy Codes

- Stand-alone codes, 90832, 90834, 90837
- Reported by themselves
- Describe a psychotherapy service with no medical services
- Add-on codes, +90833, +90836, +90838
- Medical services must be reported with appropriate E/M code
- Also describe a psychotherapy service with no medical services
 - The medical service is described by the E/M code

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Full Range of Medical Services

- Psychotherapy may be reported with the full range of E/M codes
- Report the appropriate E/M code
- Report the psychotherapy add-on code, +90833, +90836, +90838

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Combined Service

- Recognized by CPT
 - "Medical symptoms and disorders inform treatment choices of psychotherapeutic interventions, and data from therapeutic communication are used to evaluate the presence, type, and severity of medical symptoms and disorders."
- The typical psychotherapy with E/M session is not the provider doing psychotherapy and then doing E/M (or vice versa)

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So, How Do You Tell What is What?

- The two services must be "significant and separately identifiable"
- CPT gives a roadmap for separately identifying the medical and psychotherapeutic components of the service

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“Separately Identifiable”

- Steps
 - Type and level of E/M service is selected **first** based upon the key components
 - History
 - Examination
 - Medical decision making
 - A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service
- Time associated with activities used to meet criteria for the E/M service is **not** included in the time used for reporting the psychotherapy service
 - Time spent on history, examination, and medical decision making **when used for the E/M service** is not psychotherapy time
 - Time may **not** be used to determine E/M code selection

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English, Please

- For most E/M services, the code level may be determined in 1 of 2 ways
 1. Key components
 - Levels of history, examination, medical decision making
 2. Time
 - When counseling and/or coordination of care are greater than 50% of the time of the visit
- When used in conjunction with a psychotherapy add-on code, the level of E/M may **only** be determined by key components

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Back to the Code Selection

- Look back on the entirety of the visit
- Code the level of E/M based on key components
- The psychotherapy time **not** devoted to meeting criteria for the key components used to determine the E/M level is now the time used in selecting the psychotherapy code
 - Yes, please estimate

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Documentation

- Key components of the selected E/M code
- Additional time for the psychotherapy service
 - Total time for the encounter is **not** needed
- Who participated in the visit
- The psychotherapy issues and activities
- If interactive complexity is part of the psychotherapy service
 - Report +90785 in addition
 - Document the interactive complexity communication difficulty

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What about “Significant”?

- Remember, the 2 services (E/M and psychotherapy) must be “significant and separately identifiable”
- For psychotherapy, that means at least 16 minutes of psychotherapy time
- For E/M, “significant” is left undefined

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AACAP Recommendations for “Significant”

- E/M is medical and psychotherapy is non medical
- Any medical activity is “significant,” for example,
 - Monitoring medication
 - Reviewing or ordering labs
 - Examination other than mental status
 - Writing orders
- Medical thinking, if documented, could be “significant,” as well
 - Includes *consideration* of
 - Medical history and comorbidities
 - Medications prescribed by others
 - Further medical work up
 - Medical treatments
 - Integration of signs and symptoms from a medical standpoint

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99212 Caution

- Vignette
 - Patient seen for weekly psychotherapy
 - No medications
 - No or stable medical comorbidities
- The temptation might be to code 99212 (lowest level E/M outpatient visit with required physician contact) plus a psychotherapy add-on code

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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Medical Decision Making

2/3 elements must be met or exceeded:

Number of diagnoses or management options	Amount and/or complexity of data	Risk	Complexity of decision making
Minimal	Minimal or None	Minimal	<i>Straightforward</i>
Limited	Limited	Low	<i>Low</i>
Multiple	Moderate	Moderate	<i>Moderate</i>
Extensive	Extensive	High	<i>High</i>

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History Type

HPI	PFSH	ROS	Type
Brief	N/A	N/A	<i>Problem focused</i>
Brief	N/A	Problem pertinent	<i>Expanded problem focused</i>
Extended	Pertinent*	Extended	<i>Detailed</i>
Extended	Complete	Complete	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits

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Psychiatric Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99212 Significant?

- Medical decision making is at the level needed for a minor or self-limited problem
- Need history *or* examination, each requiring just 1 element
- If 99212 is the best you can do for documenting something medical, it might be hard to call the E/M service “significant”

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AACAP Recommendation

- Lowest level E/M service for established, outpatient E/M with psychotherapy is 99213
- The bar for meeting criteria for 99213 is not minimal, as is 99212, but is still low
 - If you are truly thinking as a physician during the psychotherapy session, it should not be hard to document a 99213 level service

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OTHER PSYCHOTHERAPY

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Psychotherapy for Crisis

- New concept
- Patient in high distress
 - Complex or life-threatening issues
 - Requires immediate attention
- Psychotherapy time computed by face-to-face time with patient and/or family member
 - Patient must be present for at least part of the service
- Code 90839
 - First 60 minutes of psychotherapy for crisis
 - This means actual time of 30-74 minutes by CPT time rules
- Code +90840
 - Add-on code for each additional 30 minutes
 - For 75-104 minutes, report both 90839 and +90840
 - For 105-134 minutes report 90839 and 2 units of +90840, etc.

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Psychotherapy for Crisis

- May not be reported with any other psychiatric service
- These codes do not include medical services
 - In a crisis situation, psychiatrists may prefer the appropriate E/M service
- Non-medical mental health professionals are likely the largest group of providers for these codes

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Psychoanalysis

- Unchanged
- Report with 90845

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Group Psychotherapy

- Group psychotherapy (90853) is unchanged
- Interactive group psychotherapy (90857) is deleted
 - This service is reported with 90853 in conjunction with +90785(interactive complexity)

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Pharmacologic Management

- Code 90862, pharmacologic management, has been deleted
 - Instructions are to report those services with the appropriate E/M code
- New add-on code +90863
 - Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
 - May **only** be reported by providers who may not use E/M codes
 - Designed for use by prescribing psychologists
 - Physicians should **not** report this code

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The Rest of the Codes

Code	Description	Code	Description
90865	Narcosynthesis	90880	Hypnotherapy
90867	rTMS	90882	Environmental intervention
90868	rTMS	90885	Evaluation of records
90869	rTMS	90887	Explanation of results
90870	ECT	90889	Preparation of report
90875	Biofeedback	90899	Unlisted psychiatric service
90876	Biofeedback		

All of the above codes are unchanged with the exception of biofeedback times, to put them in adherence with CPT time conventions

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