

Behavioral Health Services

An essential, coding, billing and reimbursement resource for psychiatrists, psychologists, and clinical social workers

2020



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Getting Started with Coding and Payment Guide

The *Coding and Payment Guide for Behavioral Health Services* is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book. The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures. For ease of use, *Coding and Payment Guide for Behavioral Health Services* lists the CPT and HCPCS Level II codes in ascending numeric order. Included in the code set are all surgery and medicine codes pertinent to the specialty. Each CPT code is followed by its official code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed nor had only minimal changes, the AMA has assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence. Codes within the Optum360 *Coding and Payment Guide* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service to a series of similar procedures/services. Following the specific HCPCS Level II and CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the example.

Appendix Codes and Descriptions

Some procedure codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included the appendix with the official code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

CCI Edit Updates

The *Coding and Payment Guide* series includes the a list of codes from the official Centers for Medicare and Medicaid Services' *National Correct Coding Policy Manual for Part B Medicare Contractors* that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are now located in a section at the back of the book. Optum360 maintains a website to accompany the *Coding and Payment Guide* series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <https://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

Brain

Cortex

Magnetic Stimulation, 90867-90869

Mapping, 90867, 96020

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, the service or procedure itself is not limited to use only by that specialty group. Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Some pathology codes have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

Sample Page and Key

On the following pages are a sample page from the book displaying the format of *Coding and Payment Guide* with each element identified and explained on the opposite page.

90785

+ **90785** Interactive complexity (List separately in addition to the code for primary procedure)

Explanation

This code is reported in addition to the code for a primary psychiatric service. It is reported when the patient being treated has certain factors that increase the complexity of treatment rendered. These certain factors are limited to the following: the need to manage disruptive communication that complicates the delivery of treatment; complications involving the implementation of a treatment plan due to caregiver behavioral or emotional interference; evidence of a sentinel event with subsequent disclosure to a third party and discussion and/or reporting to the patient(s); or use of play equipment or translator to enable communication when a barrier exists.

Coding Tips

Interactive complexity is to be reported in conjunction with psychiatric evaluation services (90791–90792), the appropriate psychotherapy code (90832, 90834, or 90837), psychotherapy with evaluation and management service (90833, 90836, 90838, 99201–99255, 99304–99337, and 99341–99350), or group psychotherapy service (90853). Interactive complexity should never be reported with psychotherapy for crisis (90839–90840) or an evaluation and management service that was provided without psychotherapy (90833, 90836, 90838). This service should not be reported with psychotherapy provided at crisis (90839–90840) or adaptive behavior treatments (0364T–0367T and 0373T–0374T).

Documentation Tips

Documentation should clearly indicate the type of interactive methods used such as interpreter, use of play, or physical device used, and that the patient did not have the ability to communicate through normal verbal means. Other catatonic states may be covered if documentation is submitted with the claim. Coverage also includes interactive examinations of patients with primary psychiatric diagnoses (excluding dementias and sleep disorders), and one of the following conditions: developmental speech or language disorders conductive hearing loss (total), mixed conductive and sensorineural hearing loss (total), deaf mutism, aphasia, voice disturbance, aphonia, and other speech disturbance such as dysarthria or dysphasia. The conditions must be clearly and concisely recorded in the medical record.

Time spent by the clinician providing interactive complexity services should be reflected in the timed service code for the psychotherapy or the psychotherapy add-on code provided in conjunction with an E/M service.

Reimbursement Tips

According to instructions found in the Correct Coding Initiative, “Interactive services (diagnostic or therapeutic) are distinct services for patients who have “lost, or have not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment...” Interactive complexity to psychiatric services is reported with add-on CPT code 90785.

Assignment of benefits is required when this service is provided by a clinical social worker.

Medicare payment is at 75 percent of the physician fee schedule when the service is provided by a clinical social worker.

ICD-10-CM Diagnostic Codes

This CPT code is an add-on code where no primary CPT procedure code is identified. The ICD-10-CM diagnostic code(s) would be the same as the actual procedure performed.

AMA: 90785 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Jan,16; 2013,May,12; 2013,Jun,3-5

Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|------------------|------|------|------|-------|
| 90785 | 0.33 | 0.07 | 0.01 | 0.41 |
| Facility RVU | Work | PE | MP | Total |
| 90785 | 0.33 | 0.05 | 0.01 | 0.39 |

| | FUD | Status | MUE | Modifiers | | | | IOM Reference |
|--------------|-----|--------|------|-----------|-----|-----|-----|---|
| 90785 | N/A | A | 3(3) | N/A | N/A | N/A | N/A | 100-02,15,160; 100-02,15,170; 100-03,10.3; 100-03,10.4; 100-04,12,100; 100-04,12,210.1 |

* with documentation

Terms To Know

aphasia. Partial or total loss of the ability to comprehend language or communicate through speaking, the written word, or sign language. Aphasia may result from stroke, injury, Alzheimer’s disease, or other disorder. Common types of aphasia include expressive, receptive, anomic, global, and conduction.

dysarthria. Difficulty pronouncing words.

interactive psychotherapy. Use of physical aids and nonverbal communication to overcome barriers to therapeutic interaction between a clinician and a patient who has not yet developed or has lost either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he or she were to use ordinary adult language for communication.

psychotherapy. Treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

G0442-G0443

G0442 Annual alcohol misuse screening, 15 minutes

G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

Explanation

Screening and behavioral counseling interventions are used to identify and reduce alcohol misuse

Coding Tips

For alcohol abuse structured assessment, see 99408–99409 or HCPCS Level II codes G0396–G0397. For alcohol assessment, see H0001. Code H0001 is not valid for payment under the Medicare physician fee schedule.

Documentation Tips

Alcohol dependence (i.e., alcoholism) is a chronic disorder characterized by large or frequent consumption of ethanol in which the individual becomes physically and mentally dependent upon to function. Long-term consequences are physical, psychological, and behavioral, some of which are liver disease, undernutrition with electrolyte disorders and vitamin deficiencies, coagulopathy, depression, dementia, psychosis, heart disease, and violent behavior. Criterion denoting dependence is increased tolerance and continued use despite impairment of health, social life, and job performance. Cessation results in withdrawal symptoms, including early seizures.

The provider must state the pattern of harmful usage (i.e., dependence, abuse, or use) and its current clinical state (e.g., uncomplicated, intoxication, remission, etc.) and indicate the relationship to any identified mental, behavioral, or physical disorder, or its relevance to the patient's status or encounter including its clinical significance.

Reimbursement Tips

Check with third-party payers to determine their reporting requirements.

ICD-10-CM Diagnostic Codes

- F10.10 Alcohol abuse, uncomplicated
- F10.120 Alcohol abuse with intoxication, uncomplicated
- F10.121 Alcohol abuse with intoxication delirium
- F10.14 Alcohol abuse with alcohol-induced mood disorder
- F10.150 Alcohol abuse with alcohol-induced psychotic disorder with delusions
- F10.151 Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
- F10.180 Alcohol abuse with alcohol-induced anxiety disorder
- F10.181 Alcohol abuse with alcohol-induced sexual dysfunction
- F10.182 Alcohol abuse with alcohol-induced sleep disorder
- F10.188 Alcohol abuse with other alcohol-induced disorder
- F10.20 Alcohol dependence, uncomplicated
- F10.21 Alcohol dependence, in remission
- F10.220 Alcohol dependence with intoxication, uncomplicated
- F10.221 Alcohol dependence with intoxication delirium
- F10.230 Alcohol dependence with withdrawal, uncomplicated
- F10.231 Alcohol dependence with withdrawal delirium
- F10.232 Alcohol dependence with withdrawal with perceptual disturbance
- F10.24 Alcohol dependence with alcohol-induced mood disorder

- F10.250 Alcohol dependence with alcohol-induced psychotic disorder with delusions
- F10.251 Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
- F10.26 Alcohol dependence with alcohol-induced persisting amnestic disorder
- F10.27 Alcohol dependence with alcohol-induced persisting dementia
- F10.280 Alcohol dependence with alcohol-induced anxiety disorder
- F10.281 Alcohol dependence with alcohol-induced sexual dysfunction
- F10.282 Alcohol dependence with alcohol-induced sleep disorder
- F10.288 Alcohol dependence with other alcohol-induced disorder

Associated CPT Codes

- 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- 99409 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes

Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|------------------|------|------|------|-------|
| G0442 | 0.18 | 0.33 | 0.01 | 0.52 |
| G0443 | 0.45 | 0.25 | 0.03 | 0.73 |
| Facility RVU | Work | PE | MP | Total |
| G0442 | 0.18 | 0.08 | 0.01 | 0.27 |
| G0443 | 0.45 | 0.19 | 0.03 | 0.67 |

| | FUD | Status | MUE | Modifiers | | | | IOM Reference |
|--------------|-----|--------|------|-----------|-----|-----|-----|---------------|
| G0442 | N/A | A | 1(2) | N/A | N/A | N/A | 80* | None |
| G0443 | N/A | A | 1(2) | N/A | N/A | N/A | 80* | |

* with documentation