

Mental Disorders Pose Coding Challenges

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Because coding for professional services in mental health settings requires an understanding of numerous and complex treatment options and settings, a periodic review of Physicians Current Procedural Terminology (CPT) is essential. For many mental healthcare patients, a psychiatrist provides medication management while a nonphysician, such as a psychologist, social worker, or psychiatric nurse practitioner, provides therapy. Psychiatrists and other mental health professionals see patients in inpatient settings, including hospitals, residential care facilities, and group and nursing homes, and outpatient settings like partial-hospital or day programs, clinics, and private offices. Outpatient care may also include home health and hospice care. Psychiatrists may perform one or more services per day related to an individual patient. When each service is distinct and separate as defined by the CPT coding guidelines, all services must be reported.¹

Two sets of CPT codes are most commonly used by mental health professionals. The first set is found in the psychiatry subsection in the Medicine section (CPT codes 90801-90899), and the second set is found in the Evaluation and Management (E/M) section. E/M services are to be reported separately from the diagnostic, evaluative, and therapeutic procedures that are usually attributed to psychiatrists.² The E/M services most frequently used by mental health professionals are hospital inpatient services (including partial and day hospital), inpatient and outpatient consultations, and nursing facility services (including skilled nursing facilities, intermediate and long term care facilities, and psychiatric residential treatment centers).³ Less frequently used E/M codes include those for domiciliary services, emergency services, home services, and case management services.

E/M services for a psychiatrist may be used in a setting where the psychiatrist is also functioning as the patient's primary physician. This may occur in the hospital, partial hospital, or residential care setting. In these cases, the psychiatrist would perform E/M services related to the patient's medical problems. Examples include hypertension monitoring, care of urinary or upper respiratory infection, or minor injuries.⁴

Consultative Services

A psychiatric evaluation consultation includes an examination of the patient and exchange of information with the primary care physician. The consultation does not include the psychiatric treatment. A psychiatrist may need to see the patient more than once to complete the consultation. For inpatients in a hospital or nursing facility, the appropriate initial consultation code would be assigned (99251-99255) and the followup consultation code would be assigned (99261-99263). In the office, outpatient settings, or other ambulatory care setting, assign 99241-99245 for consultations. If psychiatric treatment is subsequently ordered by an attending physician, these services would not be coded as a consultation, but as the specific treatment requires.⁵

Counseling versus Psychotherapy

There is a specific distinction between psychotherapy and counseling in E/M coding. In psychotherapy, the professional attempts to alleviate emotional disturbances, reverse or change maladaptive behaviors, and encourage personality growth and development through definitive therapeutic communication.⁶ If medical care counseling related to lab findings, drug reactions, or treatment options is provided in addition to psychotherapy, both services should be documented and reported.⁷

Counseling, as it applies to E/M services, is defined as a discussion with a patient and/or family concerning one or more of the following areas:

- diagnostic results, impressions, and/or recommended diagnostic studies
- prognosis
- treatment options
- instructions for management and follow up
- importance of compliance with chosen management options

- risk factor reductions
- patient and family education⁸

Psychotherapy Codes

Psychotherapy codes within CPT are divided into two categories: Interactive Psychotherapy and Insight Oriented, Behavior and/or Supportive Psychotherapy. These codes are also categorized by time. If psychotherapy is rendered with E/M services, then the E/M code for that time-determinant psychotherapy is assigned. Separate codes for the psychotherapy and the E/M services should not be reported. Documentation is very important to substantiate the use of these codes.⁹ These services are defined in CPT as "the time that the physician spends 'face-to-face' with the patient and/or family."¹⁰ Psychotherapy codes are not to be used for record review, charting, telephone calls, or team meetings about a patient who is not present, because these were included in the original time calculations.^{11,12}

Psychiatric Diagnostic or Evaluative Interview Procedures

Code 90801, the diagnostic interview examination, includes communication with a patient's family or other sources and ordering and interpreting lab or other diagnostic studies. This may also include meeting with other informants instead of the patient when indicated.¹³ If a psychiatric evaluation examination cannot be completed, an E/M or consultation code should be reported instead of the diagnostic evaluation. The code for the initial encounter would be based on which services or procedures the psychiatrist was able to perform or provide.¹⁴

For children, an interactive psychiatric diagnostic interview exam (code 90802) is typically used. It contains the same components as the psychiatric diagnostic interview including history, mental status, disposition, and other components as indicated, yet also involves physical aids such as dolls and toys and nonverbal communication between a therapist and a patient who has not yet developed, or has lost, expressive language communication skills to explain symptoms and responses to treatment.^{15,16} Documentation is very important to substantiate use of this code, because it has been subject to frequent auditing due to misuse.

Other Psychotherapies

Common psychotherapy codes include:

90845 *Psychoanalysis*

The reporting of this code implies that the patient is being seen by a physician credentialed to practice analytic therapy and that psychoanalysis is the treatment being used with this patient. Psychoanalysis is reported on a per day basis.¹⁸

90846 *Family psychotherapy without the patient present*

90847 *with the patient present*

90849 *Multiple-family group psychotherapy*

This code is used for a psychotherapy session with groups of families who have a family member in a treatment program where similar dynamics are the focus. The psychiatrist should report code 90849 for each multiple-family group attending the session.¹⁹

Codes 90846 and 90849 are used when the family is included in the treatment process and the family dynamics are evaluated in relation to the patient.

90853 *Group psychotherapy* Patients with similar dynamics are being treated.

90857 *Interactive group psychotherapy*

Examples include a physician using inanimate objects to interact with several children; an interpreter for deaf children is present to assist the physician; and group therapy services given to cognitively impaired adults. This code would not be reported for severely impaired adults who have, for example, Alzheimer's Disease, and are unable to communicate or benefit from group sessions.²⁰

Other Psychiatric Services or Procedures

Other common psychiatric services include:

90862 *Pharmacological Management*

Pharmacological management includes prescription, use, and review of medication with no more than minimal medical psychotherapy. The psychiatrist should document the rationale for the medical management and the patient's response including the frequency, dosage, and type of medication and the rationale for these changes.²¹ Questions concerning medical necessity may occur with overuse of this code.²² If the patient receives other services during that encounter, the pharmacological management would be included in the E/M component of that encounter and not separately reported.

90870 *Electroconvulsive therapy (ECT) with single seizure*

90871 *with multiple seizures per day*

Documentation should include an ECT tracing, patient monitoring, report of the seizures, and observation. When a psychiatrist administers anesthesia for ECT, the appropriate anesthesia code (00104) should be reported as a separate service which includes cardiac monitoring along with monitoring oxygen saturation.²³

90882 *Environmental intervention for medical management in behalf of psychiatric patient with agencies, employers, or institutions*

Examples include situations where the psychiatrist goes to the patient's place of employment or a child psychiatrist goes to a classroom for better management of a school phobia.²⁴

90885 *Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other data for medical diagnostic purposes*

This code is used when a therapist evaluates hospital records or develops a report for other agencies. It may also be used to report evaluations of psychometric testing and record review requested by a peer review committee or review by medical management companies.²⁵

90887 *Interpretation or explanation of results of psychiatric, other medical exam and procedures, other data to family or other responsible persons, advising them how to assist the patient*

This service may be necessary in order to elicit family or employers permission, participation, and support of the patient's treatment. If this interpretation is provided on the day that other services are provided for the patient, it may be more appropriate to report an E/M visit code for counseling and coordination of care. If the counseling and or coordination of care dominates (more than 50 percent) of the visit, then the E/M code would be reported based on the time.²⁶

90889 *Preparation of report other than for legal or consultative purposes for other physicians, agencies, or insurance carriers*

This might be used when a report about a patient is required by an insurance company, an agency, or for legal purposes.²⁷

90899 *Unlisted psychiatric service or procedure*

This code should only be used when the services require special explanation or justification by the physician. It may also be used to report a type of therapy not included in CPT, such as psychodrama.²⁸

96100-96117 *central nervous system assessments/tests*

These tests/assessments, such as a psychological (96100), are used to assess the cognitive functioning of the patient and include a report of the findings.

Responsibility for CPT Coding Mental Health Settings

In most settings, it is the mental healthcare professional who provides the CPT codes. Most HIM professionals' involvement with CPT coding ranges from a little (review of the chargemaster) to none. Data quality reviews are usually performed by the physician billers and not the HIM department. The majority of mental health professionals have little training in the use of CPT. This educational component, as well as developing and implementing a coding compliance program, represents an opportunity as well as a challenge to the HIM professional.

Notes

1. American Medical Association. *CPT Assistant* 2, no. 2. Chicago, IL: American Medical Association, 1992.
2. *Ibid.*, p.10.
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4. American Medical Association. *CPT Assistant* 2, no. 2. Chicago, IL: American Medical Association, 1992, p. 9.
5. *Ibid.*, p 12.
6. American Medical Association. *CPT Assistant* 2, no. 2. Chicago, IL: American Medical Association, 1992, p. 10.
7. *Ibid.*
8. *Current Procedural Terminology 2000*, p. 20.
9. Kober, Deb. "Psychotherapy coding and documentation requires compliance insight." *Briefings on Coding Compliance Strategies* 2, no.10 (1999): 7.
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12. *Current Procedural Terminology 2000*, p. 4
13. *Ibid.*, p. 363.
14. *CPT Assistant*, p. 12
15. *Ibid.*, p.13
16. *Current Procedural Terminology 2000*, p. 363-364.
17. *CPT Assistant*, p. 15.
18. *Ibid.*
19. Schmidt, Chester. "CPT Primer," p. 142.
20. Albaum-Feinstein, Andrea. "A Health Information Manager's Perspective: Meeting the Challenge of Coding and Documentation." *Journal of Practical Psychiatry and Behavioral Health* 2, no.3 (1996):149.
21. Kober, p.7.
22. *CPT Assistant*, p. 16.
23. *Ibid.*, pp.16-17.
24. *Ibid.*, p.13.
25. *Ibid.*, p. 17.
26. *Ibid.*
27. *Ibid.*
28. *Ibid.*

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Acknowledgments

Thanks to AHIMA's coding practice team; LouAnn Schraffenberger, MBA, RHIA, CCS, clinical data manager, Advocate Healthcare, Oak Brook, IL; Christine Lewis, RHIA, CCS, CCS-P, coding and records processing manager, Medical University of South Carolina; Michael B. First, MD, and everyone else who assisted with this article.

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Article Citation:

Albaum-Feinstein, Andrea. "Mental Disorders Pose Coding Challenges." *Journal of AHIMA* 71, no. 5 (2000): 70-73.

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