We are normal clinical psychologists, who happen to have a wild interest in documentation and coding

We started offering local trainings in 2016, after 1.5yrs of study/collaboration/consultation

Normally, we do this training in 4 hours – so we’re hitting a few highlights today

You may learn something today that is different that what you’ve been doing – that is OK!
Learning Objectives

• Utilize accurate CPT coding for common psychotherapy services

• Describe ethical considerations related to documentation and coding
We do this every day, several times a day, and yet...

In 2016, 61 mental health therapists at VA Puget Sound provided feedback on their experiences with training on documentation and on coding.
Why is this important?

• **Top priority: Outstanding care with ethical and accurate documentation and coding practices**

• Other benefits:
  • Workload credit (RVUs)
  • VERA
  • Reporting to congress
  • Quality improvement
  • Research and education
  • Facility and VISN planning
  • Billing and reimbursement

Under Title 44 United States Code (U.S.C.) 3102(1), VHA, by statute, must maintain complete, accurate, timely, clinically-pertinent, and readily-accessible patient health records, which contain sufficient recorded information to serve as a basis to plan patient care, support diagnoses, warrant treatment, measure outcomes, support education, research, and facilitate performance improvement processes and legal requirements (VHA Handbook 1907301).

Coding is based on the service provided regardless of whether it is a billable service. The encounter should be coded based on the service provided as documented with the appropriate codes following coding guidelines. Correct code assignment has no bearing on billable versus non-billable, nor should diagnoses or procedures be included or excluded to affect the payment (VHA Coding Guidelines, 2017).

Ethically, we document and code to capture the services rendered – we do NOT base this on wRVUs, metrics, SC, etc.

There will be many wonderful and clinically excellent things that you that you cannot enter a CPT code for – don’t fret, this is what INDIVIDUALIZED productivity targets are for.
APA Ethical Principles

• 6.01 Documentation of Professional and Scientific work and Maintenance of Records
  • Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.

• 6.06 Accuracy in Reports to Payors and Funding Sources
  • In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments and where applicable, the identity of the provider, the findings, and the diagnosis.
VERA

- Veterans Equitable Resource Allocation

- VERA is the funding allocation model used to distribute financial resources to the VISNs based on representative workload

- VERA is a capitated-funding model, not a reimbursement system

Capitated-funding model vs. a fee-for-service model
Workload Capture for Count Clinics

Patient encounter with provider

Enter progress note into CPRS, enter encounter data (must include service connection, diagnosis, CPT/HCPCS code)

PCE = Patient Care Encounter

NPCD = National Patient Care Database

VERA
Diagnosing

- Documented diagnoses in note should **match** diagnoses coded in encounter
- Code for **ALL** diagnoses addressed in treatment
  - This may include medical diagnoses
  - May also include specific symptoms (e.g., anger and irritability)
- Strive for **granularity** in diagnosis
  - Diagnosis and codes are to be used and reported at their highest number of characters available
  - Utilize the crosswalk
    - Mild SUD = ICD-10-CM Substance Abuse
    - Moderate and Severe SUD = ICD-10-CM Substance Dependence

The encounter form is not part of the legal record. The narrative in the note needs to match the encounter diagnosis. For example, if a provider documents “depression” in the note, but then selects MDD, recurrent, moderate without psychosis in the encounter form, then the note and the encounter do not match and the documentation is not in support of the coding.

Granularity = specificity / detail

ICD = international
DSM = national

Mental health practitioners utilize the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association (APA), for determining diagnoses based on the clinical criteria provided in DSM-5. The DSM-5 provides a crosswalk to recommended ICD-10-CM codes, and the Centers for Medicare and Medicaid Services (CMS) recognizes DSM-5 as an accepted guide for mental health practitioners to use in diagnosing. Note: It is recognized that there is not close alignment between DSM-5 and ICD-10-CM in a number of areas. The crosswalk between DSM-5 and ICD-10-CM is the best fit recommended by the expert DSM panel
working with the APA on the development of DSM-5 content (VHA Coding Guidelines V14).

More information on DSM-5, including the DSM-5 diagnoses to ICD-10-CM codes and ICD-10-CM codes to DSM-5 diagnoses Crosswalks (under Appendix), can be found at PsychiatryOnline.org:
CPT Coding

• Select the name of the procedure or service that accurately identifies the service performed

• Do not select a CPT code that approximates the service provided

• There will be clinically wonderful things that you do that cannot be coded for
  • Individualized Productivity Targets (VHA Directive 1161)
90791 Psychiatric diagnostic evaluation

- An integrated biopsychosocial assessment
- Documentation should include:
  - Date, name, age, sex, DOB, date of service
  - Chief complaint
  - Pertinent history
    - Presenting problem (including current medications)
    - Mental health/behavioral health treatment
    - Medical history
    - Family, social, and developmental history
  - Mental status exam
  - Risk factors (e.g., SI/HI)
  - Diagnosis
  - Recommendations/initial treatment plan
  - Long term goals and prognosis, when possible
  - Anticipated treatment duration, where applicable

- 3.0 wRVU

Note that this code has no time / duration associated with it – perhaps the session takes 45min, or maybe it takes 90min – regardless of time, the same code it used when completing an initial diagnostic evaluation that includes the items above.

Documentation requirements for billing of mental health services are per CMS, and may or may not meet requirements for other local policies or accreditation standards.
90832, 90834, 90837 Psychotherapy

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>wRVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>Psychotherapy, 30min with patient and/or family member</td>
<td>1.5</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45min with patient and/or family member</td>
<td>2.1</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60min with patient and/or family member</td>
<td>3.0</td>
</tr>
</tbody>
</table>

- Times are for psychotherapy services
  - Do NOT include time for chart review or documentation
  - Time does not include non-therapy discussion such as scheduling

- Do not report psychotherapy of less than 16min duration
  - In this instance, input a note as historical (no encounter form)

Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development (CPT Professional Codebook 2018).

For a visit of less than 16 minutes, the best practice is to input a note as being historical so no encounter is completed; CPT considers psychotherapy less than 16 minutes to be not medically necessary.

In reporting, choose the code closest to the actual time (as reflected in the VA pick-list on the encounter form):
90832 for 16-37min
90834 for 38-52min
90837 for 53+min
90832, 90834, 90837 Psychotherapy

- Documentation should include:
  - Date, name, age, **duration of session (face-to-face time)**
  - Reason for encounter
  - Diagnosis/diagnoses treated
  - Pertinent themes discussed
  - Risk factors (e.g., SI/HI)
  - Intervention(s) used including psychotherapeutic, medications, diagnostic test(s), consults, and family involvement
  - Patient assessment (progress or regression)
  - Changes in treatment plan, diagnosis, and medication, when appropriate
  - Expected treatment outcomes on a periodic basis

Documentation requirements for billing of mental health services are per CMS, and may or may not meet requirements for other local policies or accreditation standards
Recommend use of the EBP templates for EBTs such as PE, CPT, etc.  

To access an EBT template in CPRS: Templates – Shared Templates – MENTAL HEALTH – EBP (Evidence-Based Psychotherapy)
Interactive complexity is reported as part of psychiatric procedures when at least one of the following is present (Principles of CPT Coding 2018):
- The need to manage maladaptive communication (high anxiety or reactivity, repeated questions, disagreement among participants)
- Caregiver emotions and/or behaviors interfere with implementation of the treatment plan
- Evidence and/or disclosure of a unique event that requires disclosure to a 3rd party
- Use of play equipment, physical devices, or interpreter or translator to overcome communication barriers
- Patient is not fluent in the qualified health professional’s language
- Patient has not developed, or has lost, the language skills needed to explain or understand his/her sx or response to tx
+90785 Interactive Complexity

- **Add on code** used in conjunction with:
  - Diagnostic psychiatric evaluation (90791)
  - Psychotherapy (90832, 90834, 90837)
  - Group psychotherapy (90853)

- This code is intended to reflect **intensity**, not added time, involved with delivering a service

- **Documentation should clearly indicate why this code is being used**

- 0.33 wRVU
90839 Psychotherapy for crisis; first 60min
+90840 each additional 30min

- An urgent assessment and history of a crisis state, a mental status exam, and disposition
- Treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic intervention to minimize the potential for trauma
- The presenting problem is typically life threatening or complex and requires immediate attention
- 90839 (3.13 wRVU) is used to code the first 30-74 minutes of psychotherapy for crisis
  - Psychotherapy for crisis of less than 30min should be reported with 90832
  - 90840 (1.5 wRVU) is used to report each additional block(s) of time beyond the first 74min

Documentation should indicate that psychotherapy was provided for an urgent assessment and history of a crisis state, including MSE, disposition, and that the patient presented in a high level of distress with a complex or life-threatening problem that required immediate attention (Behavioral Health Services Coding and Payment Guide, 2017).
90846, 90847, 90849 Family psychotherapy

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>wRVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>90846</td>
<td>Family psychotherapy (without the patient present), 50 minutes</td>
<td>2.4</td>
</tr>
<tr>
<td>90847</td>
<td>Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes</td>
<td>2.5</td>
</tr>
<tr>
<td>90849</td>
<td>Multiple-family group psychotherapy</td>
<td>0.59</td>
</tr>
</tbody>
</table>

• These codes should not be reported for family therapy sessions < 26min
• The focus of the service delivery is on family dynamics or interactions, or a subset of the family such as parents or children
• Check out the Family Psychotherapy FAQ document from MH Business Operations

The term ‘family’ may apply to traditional family members, live-in companions, or significant others involved in the care of the patient.

Each patient record must have patient specific documentation. Documentation should include specific participation, contributions, and reactions of each family member.

With the family psychotherapy codes, the focus of the service delivery is on family dynamics or interactions – or a subset of the family such as parents or children – though the treatment is still intended for the benefit of the patient.

Think about the main clinical focus of the visit (in addition to who is present).

If it is predominantly a “family problem”...use 90847
If it is predominantly an “individual problem”...use 90832 / 90834 / 90837

If the patient is not present for any of the session, the code 90846 (family therapy without patient present) must be used.
(Family/Couples Therapy Clinic Set Up and Coding FAQs from MHBO, 2018)

Family psychotherapy is a specific program of assessment and/or intervention involving several meetings with a couple or family that uses family therapy techniques. Psychotherapy is general and uses all legitimate psychotherapy techniques. In
psychotherapy the individual patient remains the central focus of the treatment regardless of who is in the room.

Codes 90846 and 90847 are typically 50min in duration. These codes should NOT be reported for family therapy sessions shorter than 26min (CPT Professional Codebook 2018).
90853 Group psychotherapy

- Use for groups of 2+ patients (and up to 12 patients)
  - If only one patient attends group, code as psychotherapy (90832/4/7)
  - If interactive complexity, limit to 10 patients

- Documentation should include:
  - Time spent with the patients
  - Group size
  - Skills used to produce therapeutic change
  - An individualized note for each patient
  - Progress or lack of progress toward goal(s)
  - Impairment, severity/complexity of illness
  - Intensity of needed services

- 0.59 wRVU

VHA Mental Health Program Office limits the number of patients in group therapy to 12 participants: VHA Directive 1161 (June 7, 2013) (2) Group Psychotherapy and Interventions. If >12 Veterans use 99078 (CPT code for group health education or counseling services), per VHA Coding Handbook May 27, 2016. Group counseling for alcohol and drug use may be coded with the CPT code H0005.

When interactive complexity (+90785) is used in conjunction with group psychotherapy (90853), the maximum number of participants for the group should not exceed 10 individuals. In this case, should the group exceed 10 individuals, CPT code for group health education (99078) shall be used instead (VHA Coding Guidelines V14).

If only one participant shows up for a group session, leave the appointment as scheduled in the group clinic, use the group title and group template, BUT code the visit as psychotherapy (e.g., 90834).

Do not use canned narrative for individualized participation. Be sure to document something that is specific to the Veteran.

For Co-Led groups, only one group note for each Veteran is appropriate. Both
providers are to be listed on the encounter as a provider for the encounter. All providers listed on the encounter will receive the workload credit.
96150, 96152, 96153 Health & Behavior Assessment/Intervention

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>wRVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>96150</td>
<td>Health and behavior assessment (e.g., health-focused clinical interview, Behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15min face-to-face with the patient; initial contact</td>
<td>0.5</td>
</tr>
<tr>
<td>96152</td>
<td>Health and behavior intervention, each 15min face-to-face; individual</td>
<td>0.46</td>
</tr>
<tr>
<td>96153</td>
<td>Group (2 or more patients)</td>
<td>0.1</td>
</tr>
</tbody>
</table>

• Focus is not on mental health, but on the biopsychosocial factors important to the physical health treatment
• For patients that require psychiatric services as well as health and behavior services, report the predominant service performed

These codes report assessment of psychological, behavioral, emotional, cognitive, and relevant social factors that can prevent, treat, or manage physical health problems. The assessment must be associated with an acute or chronic illness, the prevention of physical illness or disability, and the maintenance of health.

The focus of the intervention is to improve the patient’s health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related processes (CPT manual 2018).

Examples may include: DM, chronic pain, HTN, apnea
98966, 98967, 98968 Telephone Services

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>wRVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>98966</td>
<td>Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient; 5-10min of medical discussion</td>
<td>0.25</td>
</tr>
<tr>
<td>98967</td>
<td>11-20min of medical discussion</td>
<td>0.5</td>
</tr>
<tr>
<td>98968</td>
<td>21-30min of medical discussion</td>
<td>0.75</td>
</tr>
</tbody>
</table>

- Rescheduling an appointment or leaving a voicemail is NOT a medical discussion
- If the visit is a continuation of care (e.g., Vet needs clarification about what was discussed at last visit, reinforcement provided by nurse) – use HISTORICAL note
- If giving NEW guidance, complete an encounter

If a call lasts longer than 30min, the most appropriate code to use is still 98968. Per HIMSI: “There is no CPT code to report calls longer than 30 minutes for psychologists and social workers; these codes may not be used in ‘units’.” So, do not change the quantity and do not combine telephone codes.

If your call should be reported as a historical visit (aka without workload credit/encounter completion), be sure to check the “Historical Visit” checkbox found on the “New Visit” tab. Examples of a historical visit include: leaving messages, scheduling, billing, administrative issues, communication of non-clinical information, providing test results.

Telephone services is an example of where the VA has chosen to differ from the AMA definition – VHA does not apply the requirements to (1) have the patient initiate the call and (2) time factors built into the definitions (HIM Practice Brief, May 2017).
98966, 98967, 98968 Telephone Services

• Must include elements of a face-to-face visit (history/assessment, diagnosis, plan)
  • These key components should be documented in the note as well as date of call, call duration, and risk status
  • Be mindful if using a pre-templated MSE (e.g., unable to comment on appearance)

• **Must be associated with a telephone clinic** (to avoid patient co-payment)
Modifiers provide extra information about how, where and why a procedure was performed

If you complete a visit (individual or group) via videoconference (e.g., Jabber, Tandberg, VOD/VVC), select Modifier 95 – note, this replaces the GT modifier previously utilized for telemedicine

This is very important for tracking! Do not use this modifier for telephone, only video

Be certain to document in your note that the visit was completed via video. Recommend use of a note header that specifies pt’s consent to video visit, pt location and contact info, provider location and contact info, emergency plan.
PUTTING IT ALL TOGETHER

Easier than building Ikea furniture!
# Time & Quantity Quiz

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>TIME</th>
<th>CODE &amp; QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotherapy</td>
<td>58min psychotherapy</td>
<td></td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>14min psychotherapy</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>50min telephone call</td>
<td></td>
</tr>
<tr>
<td>Health &amp; behavior intervention (individual)</td>
<td>30min health &amp; behavior</td>
<td></td>
</tr>
<tr>
<td>Group psychotherapy with 11 participants</td>
<td>90min group</td>
<td></td>
</tr>
<tr>
<td>Couples therapy (with Veteran present)</td>
<td>55min couples therapy</td>
<td></td>
</tr>
<tr>
<td>Psychotherapy (via CVT)</td>
<td>75min psychotherapy</td>
<td></td>
</tr>
</tbody>
</table>

90837, quantity 1

NA; Historical visit

98968, quantity 1

96152, quantity 2

90853, quantity 1

90847, quantity 1

90837, quantity 1 (modifier 95)
References & Resources

• DOCUMENTATION:
  • VHA Handbook 1907.01 (March 2015), Health Information Management and Health Records
  • CPRS training video: Introduction to Progress Note Templates (Tips & Timesavers)

• CODING:
  • VHA HIM Clinical Coding Program Guide, Version 1.3 (July 2018)
  • MH Business Operations Coding Guides

• OTHER:
  • Health Information Management (HIM) Website
  • HCPCS and CPT Codes CMS Description and “WORK” RVUs
  • DSM-5
  • VERA
    • Allocation Resource Center (ARC)
References & Resources


