Billing and Coding for **Psychiatry Visits** for Caregiver Support Programs

New and return visits

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Psychiatry Visits Use Outpatient Evaluation and Management Codes

New	99202	**15**	**0.93**
	99203	**30**	**1.60**
	99204	**45**	**2.60**
	99205	**60**	**3.50**
Est'd	99211	**5**	**0.18**
	99212	**10**	**0.70**
	99213	**20**	**1.30**
	99214	**30**	**1.92**
	99215	**40**	**2.80**

Initial MD Visits: 99202-99205

➜ Use when a full diagnostic evaluation is not required or completed

➜ Problem-focused assessment

➜ Treatment planning including medical interventions

➜ Includes physical exam components

➜ Risk/safety assessment

➜ Brief counseling and care coordination

➜ Medical decision-making complexity OR time

Psychiatric Visits Can Be Billed Using Either Medical Decision Making (MDM) or Time

Match your documentation to the type of billing you plan to use:

➜ MDM - see next slide

➜ Time - number of minutes for each service provided

Modifiers:

➜ 25: used when a single provider bills for two services on the same day

➜ 95: video visit

MDM Billing is based on:

➔ Number and complexity of problems addressed during the encounter

➔ Amount and/or complexity of data reviewed and analyzed as it relates to the encounter

➔ Risk of complications and/or morbidity and mortality of presenting problem or management of patient

➔ MDM levels of complexity include Straightforward, Low, Moderate, and High

MDM Billing: 2 of 3 elements* addressed

New/ Established	Complexity*	Amount* reviewed	Risk*
99202/12	Straightforward	Minimal or none	Minimal
99203/13	Low	Limited	Low
99204/14	Moderate	Moderate	Moderate
99205/15	High	Extensive	High

Time-based Billing for Psychiatry Visits include:

➔ Face-to-face and non-face-to-face activities

➔ Time spent obtaining/reviewing records, ordering tests, prescribing, documenting, and communicating with other providers on date of visit

➔ Time spent with patient during the encounter

Time-based Billing: Medication Management

New Visit	Time (face-to-face and non-face-to-face)	Return Visit	Time (face-to-face and non-face-to-face)
99202	15-29 min	99212	10-19 min
99203	30-44 min	99213	20-29 min
99204	45-59 min	99214	30-39 min
99205	60-74 min	99215	40-54 min

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Multi-Purpose Psychiatric Visits: established patients

There are distinct codes to use when the psychiatrist is providing psychotherapy and medical evaluation and management in the same visit:

➔ 90833 (16-37 min)
➔ 90836 (38-52 min)
➔ 90838 (53+ min)

These are time-based billing codes

Psychiatry Medical and Psychotherapy 90833/36/38: Documentation

➔ E&M documentation includes medical assessment, review of symptoms, and medication management

➔ Psychotherapy documentation includes therapeutic dialogue and interventions and patient's response

➔ Psychotherapy can be integrated throughout medical and psychiatric assessment during visit

➔ Time-based billing includes face-to-face time and non-face-to-face time spent on same day as billed visit

Examples of Psychiatry Coding

90792

MD meets new caregiver in their practice x 65 minutes; obtains HPI, psychiatric history, and medical history; recommends medication and supportive therapy

99204+25 and 90832

MD meets new caregiver in their practice, completes medical and psych assessments x 45 minutes. Subsequent 30-minute individual therapy session on same date (with 99204 but not 90792)

90833+95

Established caregiver patient seen by MD for medication management and review of helpful coping tools for panic disorder; 22 minutes by video