



Changes in  
Mental Health  
Billable Services

## What's changing?

- Assessments and Reassessments
- Psychotherapy billing
- Introduction of add-on codes
- Support services available
- Substance abuse only services available

## What does this mean for me?

- DBH staff must use new billable services beginning August 1, 2013
- Several service types are no longer available or the names have been changed
- Central office staff (with the assistance of Regional WITS Administrators) will make any necessary changes for services entered between January 1, 2013 and July 31, 2013
- Documentation standards set forth in "DBH 12-08 Case Documentation" must still be adhered to
- Staff must be sure they have an understanding of the changes in billable services and *ask questions*

## Definitions

- Add-on code—additional CPT code that can be billed in addition to the primary code during a session, it cannot be billed as a stand-alone code.
- CPT—Current Procedural Terminology, listing of descriptive terms and identifying codes for reporting medical services and procedures
- E/M—Evaluation and Management Services, medical codes performed by a physician or other qualified health care professionals who are authorized to perform such services within the scope of their practice
- Other qualified healthcare professional—within the context of coding for services a qualified healthcare professional is an individual who is qualified by education, training, and licensure/regulation and/or facility privileges (when applicable) who performs a professional service within his or her scope of practice, and independently reports that professional service. Qualified healthcare professionals are separate from clinical staff.



## Billable Services

Assessments and Reassessments

Impacts: Physicians, Nurse practitioners,  
Physician Assistants, clinical staff, certified  
paraprofessionals

## Assessments and Reassessments

- Current service, (DI) Diagnostic Interview/Screen, will be deleted
- Billable Services
  - Psychiatric Diagnostic Evaluation
  - Psychiatric Diagnostic Evaluation with Medical Services
  - BH Assessment

Psychiatric services can be provided by Physicians, Clinical psychologists, Clinical Social Workers, Nurse practitioners, Clinical Nurse Specialists, Physician Assistants, Other providers of mental health services licensed or otherwise authorized by the state such as LCPC's.

Psychotherapy services, including for crisis, may not be reported on the same day.

When using the evaluation with medical services, do not use E/M codes on the day.

Psychiatric Diagnostic Evaluation includes history, mental status and recommendations.

May also include communication with family, others, and review and ordering of diagnostic studies.

Psychiatric Diagnostic Evaluation with Medical Services includes all of those services plus Medical assessment, physical exam beyond mental status as appropriate and may include communications with family, others, prescription medications, and review and ordering of laboratory or other diagnostic studies.

Psychiatric Diagnostic Evaluations are used both at intake as well as at reassessment and can also be reported on multiple days if assessment is spread out. An example of this would be if an assessment was done with the client one day and the clinician spoke with the family a different day.

BH Assessment by a certified paraprofessional for peer support or CBRS (Community Based Rehabilitation Services, formerly PSR)

## QUIZ

- Dr. Shea, a psychiatrist, performs an assessment on a client. She gathers information from both the client and the family regarding the clients history and mental health status. What should Dr. Shea bill for?
  - a. Psychiatric Diagnostic Evaluation
  - b. Psychiatric Diagnostic Evaluation with Medical Service

The correct answer is a. No medical checks were performed



Psychotherapy times are for face-to-face services with the client and/or family members. The client must be present for all or some of the service except in the case of Family Psychotherapy without clients present.

## Psychotherapy

- Billable services
  - Psychotherapy, 30 minutes
    - Replacing Individual Psychotherapy, 20-30 minutes
  - Psychotherapy, 45 minutes
    - Replacing Individual Psychotherapy, 45-50 minutes
  - Psychotherapy, 60 minutes
    - Replacing Individual Psychotherapy, 75-80 minutes
- All categories of psychotherapy may be billed with Interactive Complexity if applicable
- May be billed with Pharmacologic Management if applicable

Site of service is no longer a criterion meaning psychotherapy can be rendered in multiple settings (e.g., office, home)



## Family Psychotherapy

- Family Psychotherapy, without clients present
- Family Psychotherapy, with clients present

Family Psychotherapy is used when treating the family to deal with the clients mental illness or when the behaviors of the family are exacerbating the client's mental illness or interfering with treatment. With psychotherapy, the focus is on the individual, but the focus of the family psychotherapy codes 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.

## Quiz

- Sean is a minor client. Five minutes into his session, his mom requests to speak with the clinician alone in order to discuss some issues he has been having recently. What should the clinician bill for?
  - a. Family Psychotherapy, without client present
  - b. Psychotherapy, 30 minutes

Correct answer:

b. The discussion was regarding him specifically and not the family dynamics.

## Crisis Psychotherapy

- Crisis Psychotherapy
  - Patient is in high distress under complex or life-threatening circumstances that require urgent and immediate attention
  - Must last for at least 30 minutes

One example: a psychotherapy session where you find the patient is suicidal and you must arrange for the patient to be hospitalized immediately.  
If the session lasts for 75 minutes or more, you would use both the crisis code and the add-on code.



## Billable Services

Add-On Codes

Impacts: Clinicians, Nurses, Doctors

## Add-On Codes

- Add-on codes are:
  - used to show when additional services are provided
  - denoted with a + for this training
  - in green text for this training
- Four types of Add-On codes:
  - Psychotherapy (only billed by medical staff)
  - Crisis (clinicians and medical staff)
  - Pharmacological management (medical staff)
  - Interactive complexity (clinicians and medical staff)

Add-on codes identify procedures that are carried out in addition to a primary procedure. They only apply to services or procedures performed by the same professional. Add-on codes should only be billed along with a primary procedure and is never a stand-alone code.

## Psychotherapy Add-On Codes

- Must be combined with an appropriate E/M code (medical staff only)
- Available codes:
  - + 30 minute psychotherapy add-on
  - + 45 minute psychotherapy add-on
  - + 60 minute psychotherapy add-on

## Other Psychotherapy/Procedure Add-On Codes

- + 30 minute crisis add-on
  - Only used with “Psychotherapy for crisis; first 60 minutes”
- + Pharmacologic management
  - Includes prescription and review of medication **when performed with psychotherapy services**
    - For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional, report the appropriate E/M code **NOT** the add-on

+ 30 minute crisis add-on—Apply as many of these as necessary to cover the amount of time spent with the client in crisis beginning at the 75 minute mark

## Interactive Complexity Add-On

- + Interactive Complexity
- Typical Factors:
  - Other individuals are legally responsible for their care
  - Request others to be involved in their care during the visit
  - Require the involvement of third parties

New concept referring to 4 specific communication factors during a visit that complicates the delivery of service

Other individuals are legally responsible for their care

e.g. minors or adults with guardians

Request others to be involved in their care during the visit

e.g. adults accompanied by family members, interpreter, or translator

Require the involvement of third parties

e.g. child welfare agency, parole or probation officer, or schools

Interactive Complexity only relates to the delivery of the primary psychotherapy service

## Interactive Complexity Standards

- One of the following **must** be present:
  - The need to manage maladaptive communication among participants that complicates delivery of care.
  - Caregiver emotions/behaviors interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.
  - Evidence/disclosure of a sentinel event and mandated report to a third party 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 barriers to therapeutic or diagnostic interaction with a patient who:
    - is not fluent in the same language; or
    - has not developed or has lost expressive communication skills to explain his/her symptoms and response to treatment, or the receptive language skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.

1. For example, 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.
2. 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.
3. 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.
4. Group psychotherapy for an adolescent who requires a sign language interpreter to follow the conversation in the group

## Add-on chart

		Add-On Codes					
		Interactive Complexity	Psychotherapy with Medical, 30 minutes	Psychotherapy with Medical, 45 minutes	Psychotherapy with Medical, 60 minutes	Psychotherapy for Crisis , additional 30 minutes	Pharmacologic management
Billable Services	Psychiatric Diagnostic Evaluation	X					
	Psychiatric Diagnostic Evaluation with Medical Services	X					
	Psychotherapy, 30 minutes	X					X
	Psychotherapy, 45 minutes	X					X
	Psychotherapy, 60 minutes	X					X
	Crisis Psychotherapy					X	
	Group Psychotherapy	X					
	New Outpatient	X (only if there is also a psychotherapy add-on)	X	X	X		
	Established Outpatient	X (only if there is also a psychotherapy add-on)	X	X	X		

Interactive complexity component relates **ONLY** to the increased work intensity of the psychotherapy Service  
 It does **NOT** change the time for the psychotherapy service

## Quiz

You are 35 minutes in to a psychotherapy session when your patient discloses they are suicidal. You spend the next 2 hours making arrangements for the patient to be hospitalized. What would you bill for?

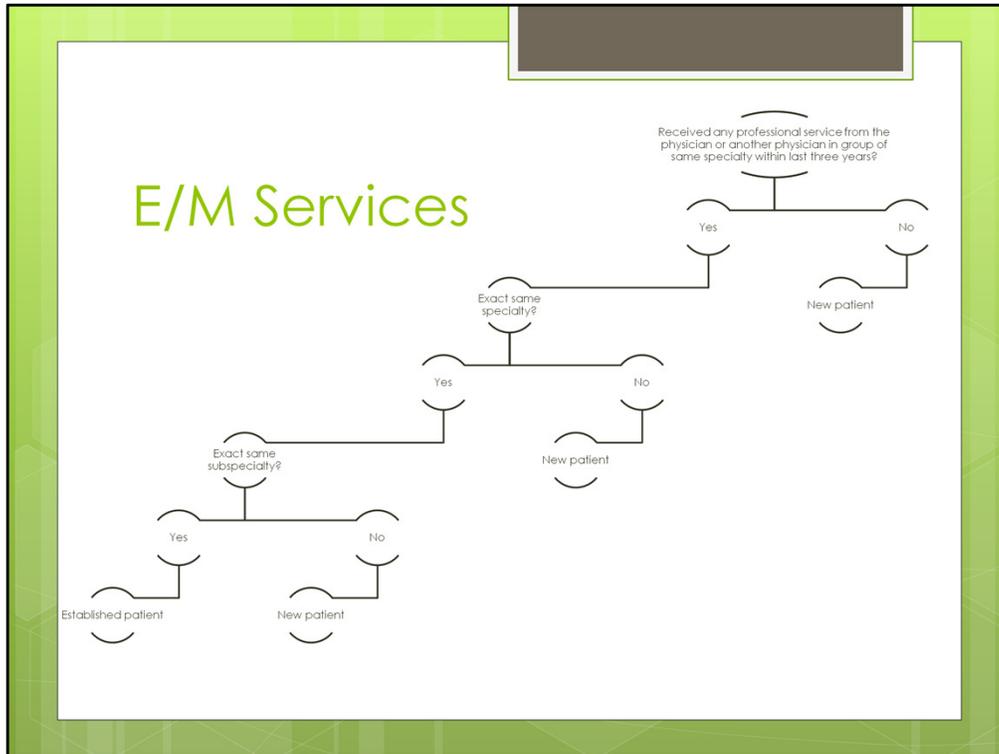
The total time is over 75 minutes, so you can bill for both Psychotherapy for crisis; first 60 minutes and 3-30 minute crisis add-on's



## Billable Services

Evaluation and Management

Impacts: Physicians and other qualified healthcare providers



There are two types of E/M services we will use, Established Outpatient and New Outpatient.

A new patient is one who has not received any face to face professional service from the physician/qualified healthcare professional or another physician/qualified healthcare professional of the exact same specialty/subspecialty who belongs to the same group practice within the past three years.

If a physician/qualified healthcare professional is on call for or covering for another, the encounter is classified as though it were the original professional. Advanced practice nurses and physicians assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician.

## E/M Services

- New Outpatient, 10 minutes
- New Outpatient, 20 minutes
- New Outpatient, 30 minutes
- New Outpatient, 45 minutes
- New Outpatient, 60 minutes
- Established Outpatient, 5 minutes
- Established Outpatient, 10 minutes
- Established Outpatient, 15 minutes
- Established Outpatient, 25 minutes
- Established Outpatient, 40 minutes

E/M services can be provided by a physician/qualified healthcare professional. The level of service is based on time when E/M is billed alone, however, when more than half of the visit is psychotherapy and a psychotherapy add-on is appropriate, you would need to evaluate based on the level of service instead of time.

## Level of Service

- The level of service for an E/M code encompasses the skill, effort, time, responsibility, and medical knowledge necessary to evaluate, diagnose, and treat medical conditions. There are seven components that are used to define E/M levels of service:
  - history,
  - examination,
  - medical decision making,
  - counseling,
  - coordination of care,
  - nature of presenting problem, and
  - time.

There are 7 components used to define E/M levels:

history,  
examination,  
medical decision making,  
counseling,  
coordination of care,  
nature of presenting problem, and  
time.

The three key components used in selecting the level of service within each category or subcategory of E/M service are:

the extent of the history  
the extent of the examination  
the complexity of medical decision making involved

Each level of service represents the total work (skill, time, effort, medical knowledge, risk) expended by the physician during an incident of service.



When billing for psychotherapy, it is necessary to first decide if the service is strictly a psychotherapy session and it should be billed as a primary code or if there is a medical component and E/M services are applicable, making it possible to bill the psychotherapy as an add-on code.

When billing it as an add-on code, you would need to select the appropriate level of E/M based on the three key components: history, exam and medical decision making. From there, you would select the psychotherapy add-on based on time.

## Choosing the Correct Service

- 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 (MDM)
  2. Time—when counseling and/or coordination of care are greater than 50% of the time of the visit

New patients and consults require all of the three key components while established patients only require two of three key components

E/M may not be selected based on time if an add on psychotherapy code is billed: then the code must be selected based on history, exam and MDM.

## New Outpatient

- New patients require 3/3 components

Service	History	Examination	Medical Decision Making
New Outpatient, 10 minutes	Problem-focused	Problem-focused	Straightforward
New Outpatient, 20 minutes	Expanded Problem-focused	Expanded Problem-focused	Straightforward
New Outpatient, 30 minutes	Detailed	Detailed	Low
New Outpatient, 45 minutes	Comprehensive	Comprehensive	Moderate
New Outpatient, 60 minutes	Comprehensive	Comprehensive	High

This is a chart that shows the required components for each level of service. All three components must be met in order to qualify for that level since this is for a new outpatient.

## Established Outpatient

- Established patients require 2/3 components

Service	History	Examination	Medical Decision Making
Established Outpatient, 5 minutes	N/A	N/A	N/A
Established Outpatient, 10 minutes	Problem-focused	Problem-focused	Straightforward
Established Outpatient, 15 minutes	Expanded Problem-focused	Expanded Problem-focused	Low
Established Outpatient, 25 minutes	Detailed	Detailed	Moderate
Established Outpatient, 40 minutes	Comprehensive	Comprehensive	High

This chart shows the required components for established outpatients.

## Combined E/M and Psychotherapy Service

- Steps
  - Type and level of E/M service is selected first based upon the key components
    - History
    - Examination
    - Medical decision making
  - 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

Use E/M codes when you can, they typically pay more for the same service

Time spent on history, examination, and medical decision making when used for the E/M service is not psychotherapy time

When used in conjunction with a psychotherapy add-on code, the level of E/M may only be determined by key components, not time

For psychotherapy “significant and separately identifiable” means at least 16 minutes of psychotherapy time

It is important to note the typical psychotherapy with E/M session is not the provider doing psychotherapy and then doing E/M (or vice versa), you will have to estimate your time.

For E/M, “significant” is left unidentified

However, the American Academy of Child and Adolescent Psychiatry defines any medical activity as “significant,” for example,

- Monitoring medication
- Reviewing or ordering labs
- Examination other than mental status
- Writing orders

## Example of Combined Service

- A 48 year old man was recently discharged from a brief inpatient psychiatric hospitalization after an overdose attempt. He has Bipolar disorder, mixed type and is currently on mood stabilizing antidepressant and antipsychotic medications, as well as an antihypertensive and medicine for GERD.
- **E/M:** He is evaluated for suicide risk, manic and depressive behavior, and symptoms; beneficial effects, side effects, and med-med interactions; with concerns about elevations in his blood pressure since dosage changes on his psychiatric medications. A psychiatric specialty exam is completed and decisions made about modifications in his medication regimen. Risks and benefits are discussed.

## Example of Combined Service, cont.

- **Psychotherapy:** Psychotherapy focuses on his concerns about his ability to return to work and “face his co-workers” as well as concerns that his children will “look down upon him” for being “weak.” Cognitive Behavioral Therapy strategies are reviewed and agreed upon.
- **Billing:** The nature of the presenting problem and documentation of the elements meets criteria for Established Outpatient; 15 minutes.

Time spent in psychotherapy was 25 minutes, so the add-on code Psychotherapy with Medical, 30 minutes would be used.

## Psychotherapy Time

Service	"Exact" Time (minutes)	Actual Time Range (minutes)
Psychotherapy, 30 minutes; Psychotherapy with Medical, 30 minutes	30	16-37
Psychotherapy, 45 minutes; Psychotherapy with Medical, 45 minutes	45	38-52
Psychotherapy, 60 minutes; Psychotherapy with Medical, 60 minutes	60	53+

Codes reported based on time are described by "exact" times

The "exact" time for a single code or the first code in a series is achieved once the actual time crosses the midpoint. For example, a 30 minute code requires actual time of at least 16 minutes

If services do not last at least 16 minutes, do not bill for psychotherapy, use a misc. note instead.

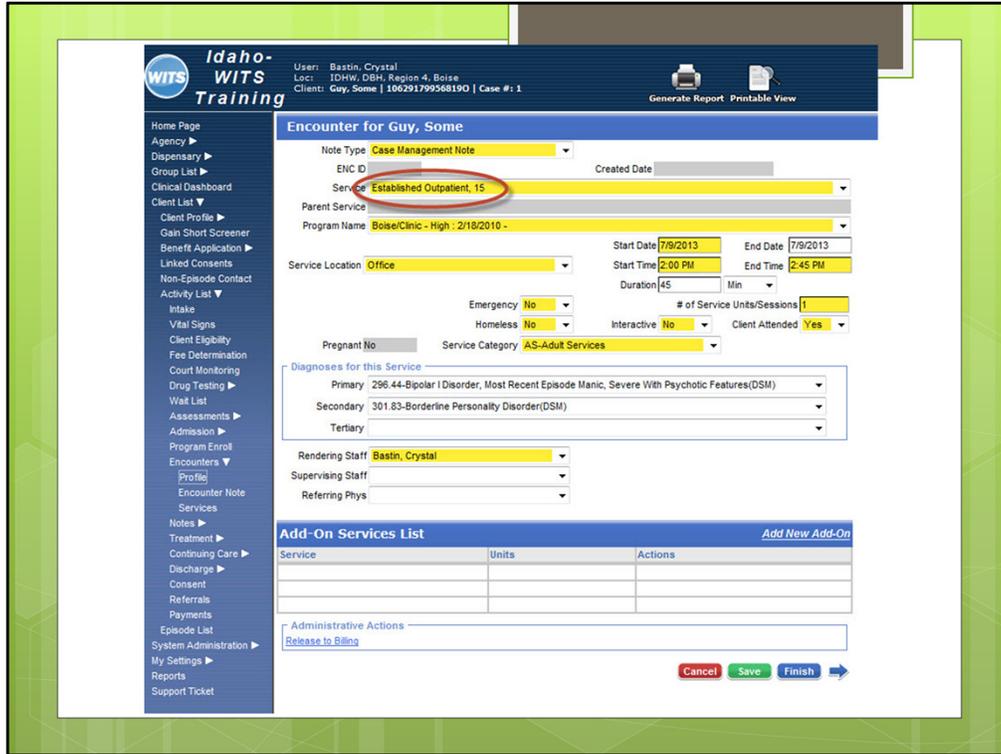
When billing for the psychotherapy add-on's, keep in mind that time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy service. i.e., the time spent on history, examination and medical decision making when used for the E/M service is not psychotherapy time.

## QUIZ

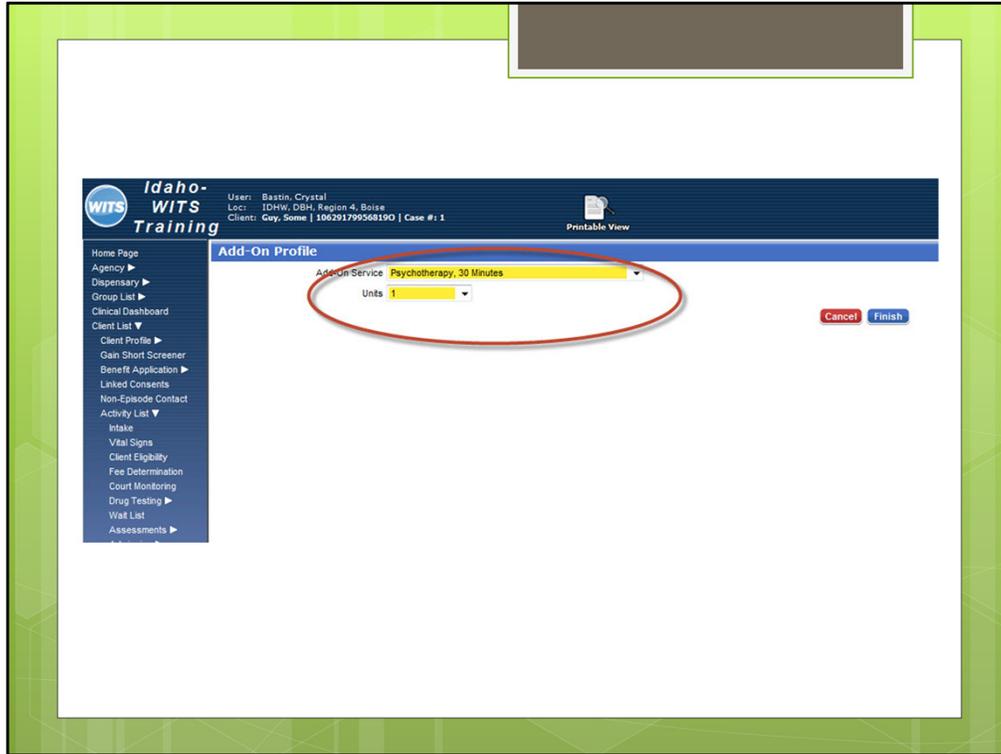
- A patient returns to a psychiatrist's office for a medication check. The encounter takes a total of 25 minutes, during which time more than 12.5 minutes is spent explaining to the patient about how a newly prescribed medication works, how to establish a routine so that no doses will be missed, and the possible side-effects of the medication and what to do if they occur. What service would you select?

The appropriate service would be Established Outpatient, 15 minutes based on the 25-minute time rather than on a detailed history and examination and moderately complex medical decision making that would be required to use this code if counseling and coordination had not taken up more than 50 percent of the time.

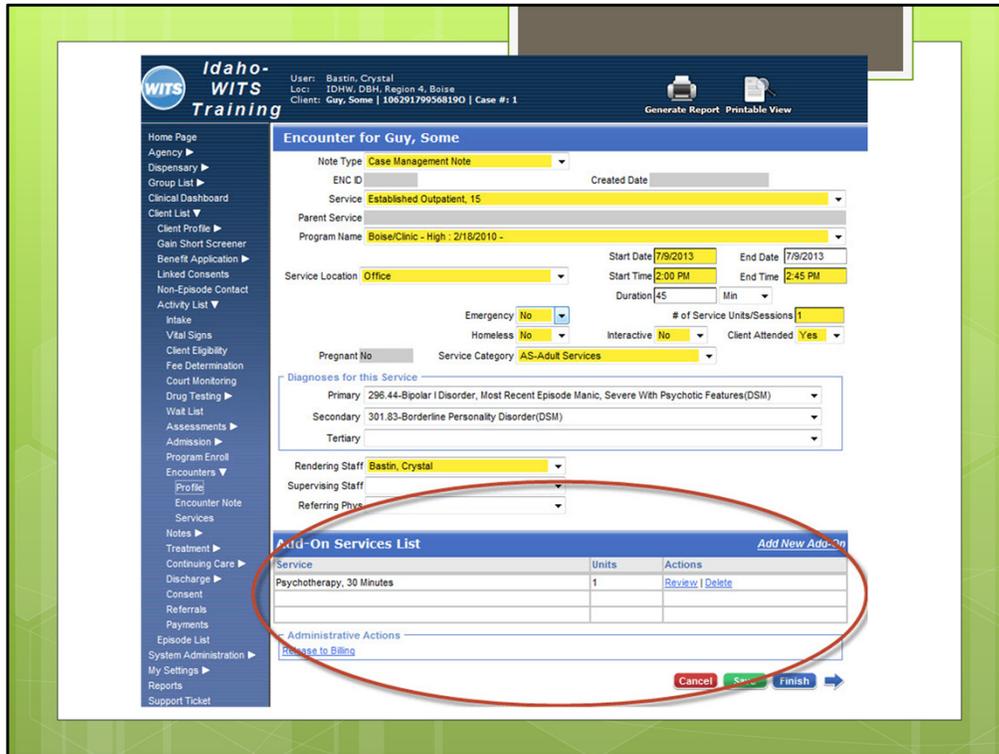
Because it is only 12.5 minutes and does not meet the threshold 16 minutes, you cannot bill for psychotherapy.



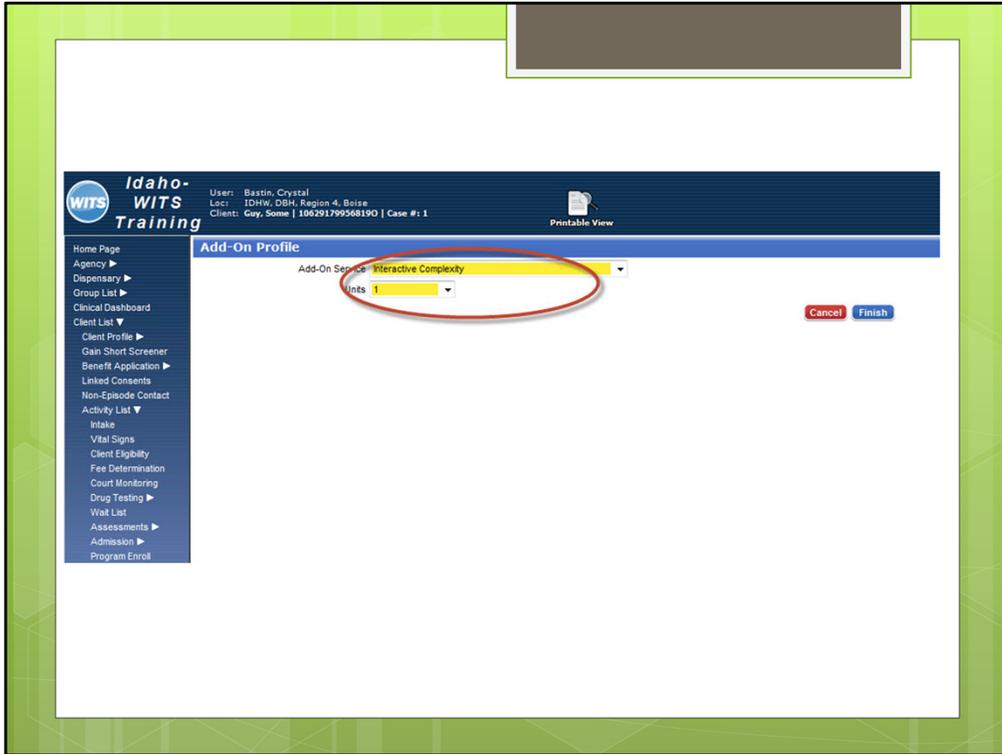
This is what it would look like in WITS. Let's pretend the client in the previous example requires brought someone to provide him with sign language interpretation, this made the session more complex and you now spent 25 minutes on the explanation. You would still use the same primary service, but now you would also be able to bill for psychotherapy add-on. Once you select a service with an add-on, you will see the menu for add-on services.



Once you click on “add new add-on” you will have the dropdown menu with your options. Select the appropriate one and press finish.



Due to the sign language interpreter, you can also bill for interactive complexity. Click the add new add-on button again.



This time you will select interactive complexity and press finish.

The screenshot displays the 'Idaho WITS Training' web application. The top navigation bar includes the user name 'Bastin, Crystal', location 'IDHW, DBH, Region 4, Boise', and client information 'Guy, Some | 100292799568190 | Case #: 1'. The main content area is titled 'Encounter for Guy, Some' and contains various form fields for service details, including 'Note Type', 'ENC ID', 'Service', 'Parent Service', 'Program Name', 'Service Location', 'Start Date', 'End Date', 'Start Time', 'End Time', 'Duration', 'Emergency', 'Homeless', 'Interactive', 'Client Attended', 'Pregnant No', and 'Service Category'. Below these fields is a 'Diagnoses for this Service' section with primary and secondary diagnoses. The 'Add-On Services List' table is highlighted with a red oval and contains the following data:

Service	Units	Actions
Psychotherapy, 30 Minutes	1	<a href="#">Review</a>   <a href="#">Delete</a>
Interactive Complexity	1	<a href="#">Review</a>   <a href="#">Delete</a>

At the bottom of the 'Add-On Services List' section, there are 'Administrative Actions' with a 'Release to Billing' link, and buttons for 'Cancel', 'Save', and 'Finish'.

Both add-on's will show up in the list. You will only be able to select 1 unit for all add-on's except for Crisis Psychotherapy, which allows you to select as many as you need to cover the service.



## Billable Services

Support

Impacts: CBRS, Clinicians, Medical Staff, Peer  
Support Specialists

# Services

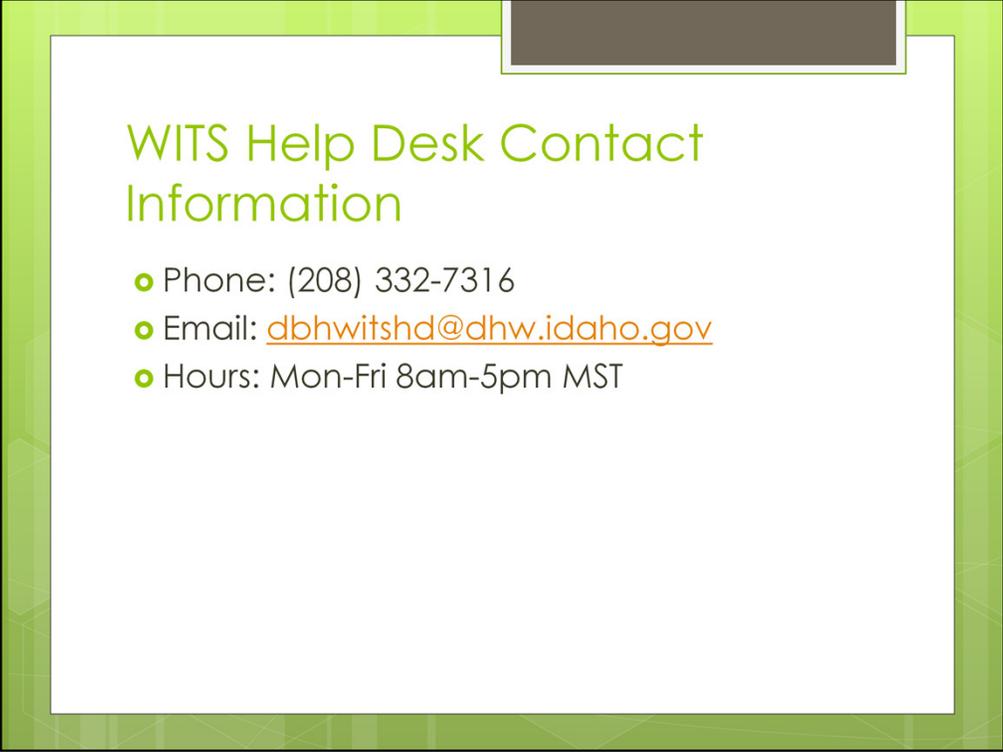
Service	Description	CBRS	Clinician	Doctor	Nurse	Peer Support
Case Management – Behavioral Health	Targeted case management		X			
Individualized BH Treatment Plan			x			
Peer Support	Must be certified					X
Partial Care Services	Intensive Outpatient Services, skills training and development	x	x			x
Community Transition Support Services	Must be certified					x
CBRS	Community Based Rehabilitation Services, formerly PSR	X	x			
Behavioral Health Nursing Services	Nursing assessment/evaluation				X	
Environmental Assessment	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs			x	x	

The big change in these supportive services is that Peer support specialists will now be able to enter encounter notes. This will eventually make it easier to use when billing private insurance.

## Substance Abuse Only Services

Service	Description	Clinician <small>Must be certified in Substance Abuse</small>	Doctor	Nurse
Individual Assessment - Substance Abuse	GAIN	X		
Drug/Alcohol Testing	Laboratory analysis of specimens for presence of alcohol and/or drugs		X	X
Individual Counseling - Substance Abuse	Individual counseling by a clinician	X		
Group Counseling - Substance Abuse	Group counseling by a clinician	X		
Case Management - Substance Abuse	Case management	X		

Several substance abuse only services are also available. If a client has co-occurring symptoms, you would still bill as psychotherapy, if they are SUD only, bill as Substance Abuse.



## WITS Help Desk Contact Information

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