

Evaluation and Management (E/M) Follow-Up Codes for Psychiatry

Every note must have a **Chief Complaint (CC)** stating a reason for the visit, e.g. scheduled visit, or problem often in patient's words

CPT Code	Time-Based: >50% Counseling and Coordination of Care** (no ptx add-on)	Complexity-Based—need to meet 2 of 3:		
		History	Exam	Medical Decision-Making
		Elements: severity; timing (eg, intermittent, increasing); quality (sad, down, forgetful); duration; context; modifying factors; associated signs/symptoms; (Location) ROS: Psychiatric; Constitutional (weight); Eyes (blurry vision); CV; GU (urinary retention); GI (n/v/d); Skin (rash); Neuro (headaches, tremor). Document pertinent positives, "otherwise negative."	Psychiatric: • mood/affect • speech • thought process • associations • abnormal/psychotic thoughts • judgment/insight • language • attention/concentration • orientation • recent/remote memory • fund of knowledge Musculoskeletal: • muscle strength/tone • gait/station Constitutional: • appearance • VS (3 of BP, rate/regularity, resp, temp, height, weight)	Problem Points: self-limiting/minor 1 (max 2); established prob., stable/improved 1 ; established prob., worse 2 ; new* prob., no w/u other than poss. referral 3 (max 1); new* prob., additional w/u planned 4 Data Points: review and/or order labs 1 ; decision to obtain records or hx from others 1 ; obtaining hx from others, discussing case w/other provider during session 2 (* = new to you)
99212	10 (5-12)"	HPI: 1-3 elements, or status of 1-2 chronic conditions	1+ bullets	Any recommendation, e.g. rest
99213	15 (13-20)"	HPI: 1-3 elements, or status of 1-2 chronic conditions ROS: problem-pertinent, psychiatric	6+ bullets	<ul style="list-style-type: none"> • OTC, prescription drug management, or SI/HI evaluation, and • 2 problem points or 2 data points
99214	25 (21+)"	HPI: 4+ elements, or status of 3+ chronic conditions ROS: psychiatric plus 2 other systems Past Medical, Family Medical, Social History: 1 element	9+ bullets	<ul style="list-style-type: none"> • Prescription drug management or SI/HI evaluation, and • 3 problem points or 3 data points

**Documentation for CCC: (a) amount of face-to-face time (floor time for inpatient), (b) "Greater than 50% of time spent on counseling and coordination of care," (c) content of discussion, e.g. diagnosis/prognosis, test results, treatment options, risk reduction, education, adherence, etc.

Psychotherapy Codes

Time	30 (16-37)"	45 (38-52)"	60 (53+)"	Documentation: (a) name the covered problem you are treating, (b) what therapy you did, (c) plan [for pt before next session, for therapy next session]
Therapy alone	90832	90834	90837	
E/M add-on	+90833	+90836	+90838	Time spent on E/M does not count toward psychotherapy minutes

Diagnostic Evaluation Codes

Without Medical	90791	Documentation for psychotherapy: (a) target symptoms, (b) goal in behavioral terms, (c) how progress will be measured, (d) expectation: acute symptom improvement or chronic maintenance; (e) rationale for psychotherapy
With Medical	90792	