CPT Code Changes for 2008

listed below are changes to CPT coding for 2008 that are relevant to psychiatrists. APA's office of Healthcare Systems and Financing encourages all psychiatrists to purchase a copy of the ama CPT manual each year to remain current on CPT coding and documentation requirements. Copies can be obtained by calling (800) 621-8335. APA members with specific CPT coding questions should e-mail them to hs@psych.org or fax them to (703) 907-1089 for review by APA CPT Coding Network.

Please note that the existence of a CPT code does not guarantee payment for providing the described service; payment policies are established by individual payers.

All of the following are codes in the evaluation and management section of the CPT manual.

Subsequent Nursing Facility Care Codes

In 2006 the nursing facility care codes 9911-9915 were deleted and replaced by codes 99307-99310. For 2008 the ama CPT Editorial Panel has established the typical times as follows:

• 99307—Subsequent nursing facility care, per day, for the evaluation and management of a patient. Problem-focused interval history. Physicians typically spend 10 minutes with the patient and/or family or caregiver.
• 99308—Subsequent nursing facility care, per day, for the evaluation and management of a patient. Expanded problem-focused interval history. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
• 99310—Subsequent nursing facility care, per day, for the evaluation and management of a patient. Detailed interval history. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
• 99311—Subsequent nursing facility care, per day, for the evaluation and management of a patient. Comprehensive interval history. Physicians typically spend 35 minutes with the patient and/or family or caregiver.

Medical Team Conferences

Codes describing medical team conferences, with interdisciplinary team of health care professionals from different specialties or disciplines were added.

• 99366—Medical team conference, with interdisciplinary team of health care professionals, face to face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional. (Physicians should report the appropriate evaluation and management service code for this service).
• 99367—Medical team conference, with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician.

Preventive Medicine Services

These are new codes for preventive care and health promotion.

Behavior change interventions, individual

• 99406—Smoking and tobacco use cessation counseling visit, intermediate, greater than 5 minutes, up to 10 minutes; 99407—intensive, greater than 10 minutes.
• 99408—Alcohol and/or substance (other than tobacco) abuse structured screening (for example, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes. Do not report services of less than 15 minutes with 99408.

When billing Medicare for this service, use G0396 (alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention, 15 to 30 minutes); 99409—greater than 30 minutes. When billing Medicare for this service, use G0397 (alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention greater than 30 minutes).

Non-Face-to-Face Physician Services

These are new codes describing services provided by telephone or e-mail.

Telephone evaluation and management service

99441—Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion; 99442—11-20 minutes of medical discussion; 99443—21 to 30 minutes of medical discussion.

Do not report 99444 when using 99359-99360 or 99374-99380 for the same call.

New Regulation for Schedule II Drugs Allows Multiple Prescriptions

Last November the Drug Enforcement Administration issued a new regulation that permits physicians to issue multiple prescriptions to patients for Schedule II controlled substances, allowing for a total of a 90-day supply. The following conditions must be met for this to be done:

• Each prescription must for a “legitimate medical purpose,” written by a physician in the usual course of practice.
• The physician must provide written instructions on each prescription indicating the earliest date each may be filled.
• The physician has concluded that issuing multiple prescriptions will not pose a threat to this patient or create an undue risk of diversion or abuse.
• The issuance of the multiple prescriptions is permissible under state law.
• The physician complies with all federal and state requirements.

Pharmacists are forbidden to fill any prescriptions written in this manner before the date on the prescription.


Be Careful With Your Signature

very often, staff of APA's Office of Healthcare Systems and Financing feel the need to remind APA members about the importance of not signing off on patient care in which they do not participate and not letting their signature be used in stamp or electronic form to validate care that they are not in charge of.

APA's Managed Care Help Line recently received a call from a psychiatrist serving as medical director of a rural mental health clinic where he had been placed by the medical director, he was not involved in the clinic's decision-making process. He was told by the clinic's administrator that the psychiatrist's job is to sign off on the psychiatric evaluations being done by licensed counselors employed by the clinic so they could be billed under his name and to see patients who needed prescriptions. The psychiatrist said he felt very uncomfortable about being asked to sign off on diagnostic and counseling work done by the counselors and did not want to do so as a consultant.

He was correct in his refusal to allow his name, and his medical degree, to be used to validate evaluations and treatment for payment when he had had no involvement with them. Psychiatrists should never permit their signature to be used in this way; one reason is that it makes them legally responsible for the patient's care. If problems are later identified and legal action results, the physician whose signature appears on the patient's record is the responsible party.

Under Medicare, physicians' signing off on patient services when not involved in overseeing the patient's care is illegal. Medicare does allow for services to be billed under a physician's name as "incident to" the physician's care, but this means that the physician is in charge of the care, reviews treatment provided by other clinicians under his or her direction, and is present on the premises when the treatment is provided.

So take care: If you are not in charge of a patient's care, be sure that you don't inadvertently sign something that makes you the patient's physician and do not permit facilities that you work for to use your signature either in stamp or electronic form on a patient record or for billing justification.

If you have any questions about this reminder, call the Managed Care Help Line at (800) 343-4671.