

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Psychologist's Assessment Requires Documented Services

**Question:** Our staff psychologist saw a patient who was referred to us with a history of meningioma; she's been disabled for eight years following tumor removal. The psychologist spent 30 minutes discussing testing options for assessing her disability and further referral to a neuropsychologist for cognitive behavioral testing. We reported unlisted E/M code 99499 for this. Were we correct?

New Jersey Subscriber

**Answer:** Meningioma (225.2, Benign neoplasm of cerebral meninges) is a benign cerebral neoplasm. The CPT® definition of counseling for E/M purposes includes discussion with the patient of such topics as "recommended diagnostic studies" and "instructions for ... follow-up". It sounds as if the psychologist spent almost the entire 30 minutes discussing these things (i.e. counseling) with the patient. Since your choice of code implies that the E/M codes are available to be reported by your psychologist, you would choose an appropriate office visit code based on the total time spent with the patient.

For 30 minutes, the code would either be 99203 (Office or other outpatient visit for the evaluation and management of a new patient...) for a new patient or 99214 (Office or other outpatient visit for the evaluation and management of an established patient...) for an established patient. CPT® permits E/M codes to be chosen on the basis of time when counseling and/or coordination of care dominate the encounter (i.e. consume more than 50 percent of the face-to-face time in the outpatient setting). That seems to be the case in the situation that you described.

Code 99499 (Unlisted evaluation and management service) is to be used for an E/M service when no other existing E/M code accurately describes the encounter. It would appear that there are other E/M codes that could be appropriately used for this encounter.