Stay Tuned for Webinar

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CBR201607:
Psychotherapy and Evaluation and Management Services

3:00 P.M. ET
June 8, 2016
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Webinar Outline

1. Introduction
2. Coverage & Documentation Overview
3. Methods & Results
4. References & Resources
5. Q&A
6. Survey
Webinar Protocol

- All attendee lines are muted
- Submit questions via chat when prompted by speaker
- Submit questions during the Q&A session at the end of webinar
- Ask questions pertinent to webinar
- Contact MAC for specific claims questions
Webinar Objective

Upon completion of this webinar, you should be able to:

- Demonstrate a general understanding of **CBR201607: Psychotherapy and Evaluation and Management (E/M) Services**
- Comprehend the analytical methods used to develop the report
- Locate policy references and resources
Sample CBR

- Provided for each topic: http://www.cbrinfo.net/
Designed to:

- Provide information to the provider community
- Compare billing practices among Medicare providers and their peer groups

Give providers an opportunity to:

- Check their records against data in CMS files
- Review Medicare guidelines to ensure compliance
CBR Focus

Metrics:

- Percentage of psychotherapy visits billed concurrently with E/M services
- Average minutes of psychotherapy per visit
- Average psychotherapy services per beneficiary
Demographics

- 4,300 providers with specialty of psychiatry
- Medicare Fee-for-Service (FFS) claims data
- Billing patterns different from their peers
Webinar Materials

- References and Resources
- Webinar slides
- MP4 of webinar
- Webinar Handout
- Webinar Q&A Handout
# Acronyms

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERT</td>
<td>Comprehensive Error Rate Testing</td>
</tr>
<tr>
<td>CPT®</td>
<td>Current Procedural Terminology</td>
</tr>
<tr>
<td>LCA</td>
<td>Local Coverage Article</td>
</tr>
<tr>
<td>LCD</td>
<td>Local Coverage Determination</td>
</tr>
<tr>
<td>MAC</td>
<td>Medicare Administrative Contractor</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of Inspector General</td>
</tr>
</tbody>
</table>
Coverage & Documentation Overview
Medicare Part B Payments for Mental Health Services, May 2001, OEI-03-99-00130

- 50% of group therapy services were inappropriate
- 34% of individual therapy services were inappropriate
The United States Attorney’s Office:

- *Dallas County Woman Sentenced to 57 Months in Federal Prison for Defrauding Medicaid*

State of Connecticut Attorney General:

- *AG Jepsen: State Enters Settlement with Tolland Psychiatrist Resolving False Claims Allegations*
## 2014 CERT Results

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Total Dates of Service</th>
<th>Total Errors</th>
<th>Error Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>62</td>
<td>19</td>
<td>30.7%</td>
</tr>
<tr>
<td>+ 90833</td>
<td>52</td>
<td>28</td>
<td>54.9%</td>
</tr>
<tr>
<td>90834</td>
<td>131</td>
<td>40</td>
<td>30.5%</td>
</tr>
<tr>
<td>+ 90836</td>
<td>62</td>
<td>40</td>
<td>64.5%</td>
</tr>
<tr>
<td>90837</td>
<td>25</td>
<td>6</td>
<td>24.00%</td>
</tr>
<tr>
<td>+ 90838</td>
<td>3</td>
<td>3</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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2014 CERT Errors

- No documentation of the amount of time (length of the session) spent with the patient
- No documentation of the modalities of treatment
- No documentation of progress to date
- No updated treatment plan
Error Example 1

Claim:
- CPT® codes 99213 and 90836

Record:
- A printout from an electronic health record showing an authenticated visit note, indicating total face-to-face time was 45 minutes

Errors:
- No record of the time spent solely on psychotherapy services
- No record of the modalities used in treatment
Error Example 2

Claim:
- CPT® codes 99214 and 90838

Record:
- Office visit note stating, “More than 50% of the time was spent in counseling or coordination of care. This visit lasted 60 minutes.”

Errors:
- No record of the time spent solely on psychotherapy services
- No record of the modalities used in treatment
Error Example 3

Claim:
- CPT® codes 99213 and 90836

Record:
- Note that supported both the E/M service and psychotherapy services
- Documentation stated, “35 minutes of cognitive-behavior therapy”

Error:
- Incorrectly coded based on the time of the therapy services
# Psychotherapy LCDs

[http://www.cbrinfo.net/cbr201607-recommended-links.html](http://www.cbrinfo.net/cbr201607-recommended-links.html)

<table>
<thead>
<tr>
<th>Retired 09/30/15</th>
<th>Medicare Administrative Contractor (MAC)</th>
<th>Active 10/01/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35626</td>
<td>Cahaba Government Benefits Administrator, LLC</td>
<td>L35941</td>
</tr>
<tr>
<td>L31887</td>
<td>CGS Administrators, LLC</td>
<td>L34353</td>
</tr>
<tr>
<td>L33130</td>
<td>First Coast Service Options, Inc.</td>
<td>L33252</td>
</tr>
<tr>
<td>L26895</td>
<td>National Government Services</td>
<td>L33632</td>
</tr>
<tr>
<td>N/A</td>
<td>Novitas Solutions, Inc.</td>
<td>L35101</td>
</tr>
<tr>
<td>L30489</td>
<td>Wisconsin Physician Service Insurance Corp.</td>
<td>L34616</td>
</tr>
</tbody>
</table>
Psychotherapy Definition - WPS

Treatment of mental illness and behavioral disturbances:

- To alleviate emotional disturbance
- To reverse or change maladaptive patterns of behavior
- To encourage personality growth and development
- To support current functioning
CPT® codes 90832-90838 include:

- Ongoing assessment
- Adjustment of psychotherapeutic interventions
- Involvement of family member(s) or others in the treatment process
<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes w/ patient and/or family member</td>
<td>16-37 minutes</td>
</tr>
<tr>
<td>+90833</td>
<td>Psychotherapy, 30 minutes w/ patient and/or family member when performed with E/M</td>
<td>16-37 minutes</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes w/ patient and/or family member</td>
<td>38-52 minutes</td>
</tr>
<tr>
<td>+90836</td>
<td>Psychotherapy, 45 minutes w/ patient and/or family member when performed with E/M</td>
<td>38-52 minutes</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes w/ patient and/or family member</td>
<td>53 minutes or longer</td>
</tr>
<tr>
<td>+90838</td>
<td>Psychotherapy, 60 minutes w/ patient and/or family member when performed with E/M</td>
<td>53 minutes or longer</td>
</tr>
</tbody>
</table>
Minimal Documentation - CGS

**LCD L34353** - Outpatient Psychiatry and Psychology Services

- Record should document the condition being treated and correspond to the submitted diagnosis code on the claim
- **Time spent** in the psychotherapy encounter
- Therapeutic **maneuvers** used to yield the desired change
- **Periodic summary** of goals, progress toward goals and an updated treatment plan
Psychotherapy Notes

45 CFR §164.501

Excluded from Protected Information:

- Name of beneficiary and date of service
- Type of service (individual, group, etc.)
- Time element, where time determines code
- Modalities and frequency of treatment furnished
- Clinical note including identity and credentials
LCD L34353 – Outpatient Psychiatry and Psychology Services

- Many factors affect outcome of treatment:
  - Nature of the illness
  - Prior history
  - Goals of treatment
  - Patient’s response
Non-Covered Services

- Severe and profound intellectual disabilities
- Services rendered outside the scope of the providers licensure
- Psychotherapy of less than 16 minutes duration
- Prolonged services may not be billed when psychotherapy services are billed with an E/M service
Non-Covered Services (cont.)

- Teaching grooming skills
- Monitoring activities of daily living
- Recreational therapy (dance, art, play)
- Services primarily for social interaction
Some psychiatric patients receive a medical E/M service on the same day as a psychotherapy service by the same physician or other qualified health care professional.

Psychotherapy codes that include an E/M component are payable only to physicians, nurse practitioners and clinical nurse specialists.
Medical Necessity - CGS

- Number, acuity and severity/duration of problems addressed through history, physical and medical decision making
- The context of the encounter among all other services previously rendered for the same problem
- Complexity of documented comorbidities that clearly influenced the physician work
- Physical scope encompassed by the problems (number of physical systems affected by the problems)
# Medical Decision Making

<table>
<thead>
<tr>
<th>Number of Diagnoses or Management Options</th>
<th>Amount and/or Complexity of Data to be Reviewed</th>
<th>Risk of Complications and/or Morbidity or Mortality</th>
<th>Type of Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal</td>
<td>Straightforward</td>
</tr>
<tr>
<td>Limited</td>
<td>Limited</td>
<td>Low</td>
<td>Low complexity</td>
</tr>
<tr>
<td>Multiple</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate complexity</td>
</tr>
<tr>
<td>Extensive</td>
<td>Extensive</td>
<td>High</td>
<td>High complexity</td>
</tr>
</tbody>
</table>
# Psychiatric Exam

<table>
<thead>
<tr>
<th>System/Body Area</th>
<th>Elements of Examination</th>
</tr>
</thead>
</table>
| **Constitutional** | • Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured by ancillary staff)  
• General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming) |
| **Musculoskeletal** | • Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements  
• Examination of gait and station |
| **Psychiatric** | • Description of speech including: rate; volume; articulation; coherence; and spontaneity with notation of abnormalities (e.g., perseveration, paucity of language)  
• Description of thought processes including: rate of thoughts; content of thoughts (e.g., logical vs. illogical, tangential); abstract reasoning; and computation  
• Description of associations (e.g., loose, tangential, circumstantial, intact)  
• Description of abnormal or psychotic thoughts including: hallucinations; delusions; preoccupation with violence; homicidal or suicidal ideation; and obsessions  
• Description of the patient’s judgment (e.g., concerning everyday activities and social situations) and insight (e.g., concerning psychiatric condition)  
Complete mental status examination including  
• Orientation to time, place and person  
• Recent and remote memory  
• Attention span and concentration  
• Language (e.g., naming objects, repeating phrases)  
• Fund of knowledge (e.g., awareness of current events, past history, vocabulary)  
• Mood and affect (e.g., depression, anxiety, agitation, hypomania, lability) |
Vignettes

- **CPT® 99211** – Patient with schizophrenia who is stable, has run out of neuroleptic medication, and is scheduled to be seen in a week

- **CPT® 99213** – Patient with stable depression and anxiety and c/o intermittent moderate stress

- **CPT® 99215** – Patient with bipolar disorder who was stable on lithium but has now developed symptoms of hypomania
Methods & Results
Medicare Part B Rendering Providers

- By National Provider Identifier (NPI)
- Place of Service: Office (11)
- CPT® codes:
  - Psychotherapy: CPT® 90832 – 90838
  - E/M: CPT® 99211 - 99215
Peer Groups

Used for comparison with the individual providers:

- **State**: Medicare providers in the provider’s state
- **National**: All Medicare providers in the nation
Data Source

- CMS Integrated Data Repository
- Extracted: April 4, 2016
- DOS: January 1, 2015 – December 31, 2015
### Table 1: CPT® Codes and Abbreviated Descriptions

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Abbreviated Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient and/or family</td>
</tr>
<tr>
<td>90833</td>
<td>Psychotherapy, 30 minutes with patient and/or family when performed with an E/M</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes with patient and/or family</td>
</tr>
<tr>
<td>90836</td>
<td>Psychotherapy, 45 minutes with patient and/or family when performed with an E/M</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient and/or family</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient and/or family when performed with an E/M</td>
</tr>
</tbody>
</table>

*CPT® codes and descriptors are copyright 2014/2015 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.*
Table 2: Summary of Your Utilization for Psychotherapy CPT® Codes
January 1, 2015 – December 31, 2015

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Allowed Charges</th>
<th>Allowed Services</th>
<th>Beneficiary Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>90833</td>
<td>$7,101.30</td>
<td>154</td>
<td>89</td>
</tr>
<tr>
<td>90834</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>90836</td>
<td>$9,472.00</td>
<td>128</td>
<td>99</td>
</tr>
<tr>
<td>90837</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>90838</td>
<td>$87,030.83</td>
<td>821</td>
<td>193</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$103,604.13</strong></td>
<td><strong>1,103</strong></td>
<td><strong>296</strong></td>
</tr>
</tbody>
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<td><strong>296</strong></td>
</tr>
</tbody>
</table>

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Comparison Outcomes

There are four possible outcomes:

1. Significantly Higher
2. Higher
3. Does Not Exceed
4. N/A
Percentage of Psychotherapy Visits Billed Concurrently with E/M Services

- Calculated as follows:

\[
\left( \frac{\text{Number of Psychotherapy Visits With E/M (CPT® Code 90833, 90836, 90838)}}{\text{Total Number of Psychotherapy Visits}} \right) \times 100
\]
Table 3: Percentage of Psychotherapy Visits Billed Concurrently with E/M Services January 1, 2015 – December 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>Your Percentage of Visits with an E/M</th>
<th>Your State’s Percentage of Visits with an E/M</th>
<th>Comparison with Your State’s Percentage</th>
<th>National Percentage of Visits with an E/M</th>
<th>Comparison with the National Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage with E/M</td>
<td>100%</td>
<td>89%</td>
<td>Significantly Higher</td>
<td>73%</td>
<td>Significantly Higher</td>
</tr>
</tbody>
</table>

A chi-square test was used in this analysis, alpha = 0.05.
Table 2: Summary of Your Utilization for Psychotherapy CPT® Codes January 1, 2015 – December 31, 2015

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Allowed Charges</th>
<th>Allowed Services</th>
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</thead>
<tbody>
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<td>1,103</td>
<td>296</td>
</tr>
</tbody>
</table>

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Calculating Percentage of Psychotherapy Visits Billed Concurrently with E/M Services

- Calculated as follows:

\[
\left( \frac{\text{Number of Psychotherapy Visits With E/M (CPT® Code 90833, 90836, 90838)}}{\text{Total Number of Psychotherapy Visits}} \right) \times 100
\]

\[
\left( \frac{154 + 128 + 821}{1103} \right) \times 100 = \left( \frac{1103}{1103} \right) \times 100 = 100\%
\]
Consecutive Services are those billed within 24 hours of one another

Calculated as follows:

\[
\left( \frac{\text{Total Weighted Minutes for Psychotherapy CPT® Codes}}{\text{Total Number of Psychotherapy Visits}} \right)
\]
Calculating the Weighted Minutes

Calculate **Total Weighted Minutes for Psychotherapy CPT® Codes:**

1. Assign value to each CPT® code by the minutes in Table 1
2. Multiply assigned value with number of services
3. Combine the products from each CPT® code calculation
Table 4: Average Minutes of Psychotherapy per Visit  
January 1, 2015 – December 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>Your Average Minutes per Visit</th>
<th>Your State’s Average Minutes per Visit</th>
<th>Comparison with Your State’s Average</th>
<th>National Average Minutes per Visit</th>
<th>Comparison with the National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>54.07</td>
<td>38.56</td>
<td>Significantly Higher</td>
<td>40.08</td>
<td>Significantly Higher</td>
</tr>
</tbody>
</table>

A t-test was used in this analysis, alpha = 0.05.
### Average Minutes of Psychotherapy per Visit (cont.)

#### Table 2: Summary of Your Utilization for Psychotherapy CPT® Codes
**January 1, 2015 – December 31, 2015**

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Allowed Charges</th>
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</tr>
</tbody>
</table>

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Calculating Average Minutes of Psychotherapy per Visit

Calculated as follows:

\[
\left( \frac{\text{Total Weighted Minutes for Psychotherapy CPT® Codes}}{\text{Total Number of Psychotherapy Visits}} \right) = \left( \frac{59640}{1103} \right) \approx 54.07
\]
Average Allowed Psychotherapy Services per Beneficiary

- Consecutive Services are Billed within 24 hours of one another
- Calculated as follows:

\[
\frac{\text{Total Allowed Psychotherapy Services}}{\text{Total Number of Beneficiaries with Psychotherapy Visits}}
\]
Table 5: Average Allowed Psychotherapy Services per Beneficiary
January 1, 2015 – December 31, 2015

<table>
<thead>
<tr>
<th>Your Average Allowed Services per Beneficiary</th>
<th>Your State’s Average Allowed Services per Beneficiary</th>
<th>Comparison with Your State’s Average</th>
<th>National Average Allowed Services per Beneficiary</th>
<th>Comparison with the National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>3.73</td>
<td>3.92</td>
<td>Does Not Exceed</td>
<td>4.89</td>
</tr>
</tbody>
</table>

A t-test was used in this analysis, alpha = 0.05.
Table 2: Summary of Your Utilization for Psychotherapy CPT® Codes
January 1, 2015 – December 31, 2015

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<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>90836</td>
<td>$9,472.00</td>
<td>128</td>
<td>99</td>
</tr>
<tr>
<td>90837</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>90838</td>
<td>$87,030.83</td>
<td>821</td>
<td>193</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$103,604.13</strong></td>
<td><strong>1,103</strong></td>
<td><strong>296</strong></td>
</tr>
</tbody>
</table>

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Calculating Average Allowed Psychotherapy Services per Beneficiary

Calculated as follows:

\[
\left( \frac{\text{Total Weighted Minutes for Psychotherapy CPT® Codes}}{\text{Total Number of Psychotherapy Visits}} \right) \approx 3.73
\]

\[
\left( \frac{1103}{296} \right) \approx 3.73
\]
Table 6: Distribution of Established Patient E/M CPT® Codes  
January 1, 2015 – December 31, 2015

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Description</th>
<th>Your Proportion</th>
<th>State Proportion</th>
<th>National Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>Minimal Problem</td>
<td>58%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>99212</td>
<td>Problem Focused/Exam</td>
<td>0%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>99213</td>
<td>Expanded Problem Focused/Exam</td>
<td>0%</td>
<td>51%</td>
<td>54%</td>
</tr>
<tr>
<td>99214</td>
<td>Detailed Patient History/Exam</td>
<td>41%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>99215</td>
<td>Comprehensive Patient History/Exam</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>

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Graph of Distribution of Established Patient E/M CPT® Codes

Figure 1: Distribution of Established Patient E/M CPT® Codes
January 1, 2015 - December 31, 2015

- 99211: 58% (You), 0% (State), 0% (Nation)
- 99212: 8% (You), 9% (State), 14% (Nation)
- 99213: 0% (You), 0% (State), 0% (Nation)
- 99214: 41% (You), 30% (State), 29% (Nation)
- 99215: 1% (You), 2% (State), 4% (Nation)
References & Resources
CBR Website

http://www.cbrinfo.net

- About Us
- CBR Releases
- Education
- Recommended Links
- FAQs
- CBR Support
- Contact Us
Recommended Links

- General Links: http://www.cbrinfo.net/recommended-links.html

- CBR Specific Link: CBR201607 Psychotherapy and E/M Services: http://www.cbrinfo.net/cbr201607-recommendedlinks.html
FAQs

General FAQs

CBR Specific FAQs

CBR201607: Psychotherapy and Evaluation and Management Services
Provider Self-audit

- Providers and suppliers have an obligation to ensure claims are submitted correctly to Medicare

- Self-audits allow providers and suppliers to identify coverage and coding errors

- Refer to the following CBR sections for assistance
  - Documentation and Billing
  - References
CBR Support Help Desk

Monday–Friday: 9:00 a.m. to 5:00 p.m. ET

- Toll Free 1–800–771–4430
- Email: cbrsupport@eglobaltech.com
Contacting MACs

Providers should contact the Medicare Administrative Contractor (MAC) for assistance with:

- Claim Information
- Documentation Requirements
- Billing and Coding
National Plan & Provider Enumeration System

- Source for mailing address used for the CBR
- Correct your mailing information at https://nppes.cms.hhs.gov/NPPES
Questions & Answers
We make every effort to address all questions submitted during our webinars. However, we cannot provide responses related to coding issues or to specific claims/scenarios. Since your Medicare Administrative Contractor (MAC) makes the determination to pay or deny a claim based on the CPT® codes, medical documentation and description of the circumstances, and we do not have access to this documentation, we cannot respond to these types of questions. Please contact your MAC with questions that we do not address or if you identify any claims discrepancies while reviewing your CBR. The contact information for your MAC is located at