

ACTION PAPER

TITLE: American Psychiatric Association (APA) advocates to the American Medical Association (AMA) CPT Editorial Panel for add-on billing codes for suicide risk assessments

WHEREAS:

With suicide rates on the rise in recent years, suicide is becoming a public health issue in United States. In April 2016, the National Center for Health Statistics reported a 24 percent increase in the suicide rate in United States from 1999 to 2014.¹ On June 7, 2018, the Centers for Disease Control and Prevention (CDC) issued a press release stating that suicide rates were rising across the United States, with an increase of at least 6% in each state. Suicide is currently the 10th leading cause of death in the U.S.²

Research has shown that 38% of people who attempt suicide had some type of healthcare visit within a week prior to the suicide attempt, 64% within a month, and nearly 95% within a year.³ These are the people that can be identified at risk for suicide during a suicide risk assessment and provided with the necessary treatment.

There is increased pressure on physicians to perform thorough suicide risk assessments and provide the appropriate counseling, treatment, and documentation. With the average time of fifteen minutes for outpatient visits, having protected time to complete a suicide screening can be critical to support an avenue for a comprehensive suicide risk assessment. Two research studies reported that only 36% of the primary care physicians conducted a suicide risk assessment in patients presenting with complaints of depression. The researchers concluded that suicide assessment is “another of the thorny issue in Pandora’s box, raising many of the same fears and concerns of inadequate expertise and insufficient time in a busy practice.”^{4,5}

A suicide risk assessment can take anywhere from five to thirty minutes, if not more, depending on the complexity and the gravity of symptoms that may emerge during the assessment. Without having protected time and being adequately compensated for, physicians might not be inclined to spend the much needed time to perform such assessments.

Traditional billing codes of 99201-99205 - for a new patient, and 99211-99215 - for established patient, may not reflect the extensive time that a physician will spend with a suicidal patient. Although adding 90785 - interactive complexity add-on code, can be useful in crisis, the code is not explicit enough.⁶ A more specific code, that can be used only for suicide risk assessment will not only provide physicians the appropriate time for suicide screening, but also encourage the use of such a tool, and ultimately, give suicide risk assessment the importance it deserves.

Requests for add-on CPT billing codes can be submitted to the AMA CPT Editorial Panel.⁷ Even though anyone can submit an application for changes to CPT codes (i.e., medical specialty societies, individual physicians, hospitals, third-party payers), having such a request advocated by the APA would likely increase the odds of approval.

BE IT RESOLVED:

That the APA advocates for add-on billing codes for suicide risk assessments to the AMA CPT Editorial Panel.

That the suicide risk assessment billing codes reflect the complexity of the assessment with the purpose of providing sufficient time for screening, but also for counseling, and treatment.

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ESTIMATED COST:

Author: \$ 0
APA: Leave Blank

ESTIMATED SAVINGS: TBD

ESTIMATED REVENUE GENERATED: TBD

ENDORSED BY:

Assembly Committee of Resident-Fellow Members (ACORF)

KEY WORDS: suicide, suicide risk assessment, advocacy, billing, CPT codes

APA STRATEGIC PRIORITIES: *(Pick all that apply to the paper.)*
Advancing Psychiatry

REVIEWED BY RELEVANT APA COMPONENT: (with attached comments as appropriate)

References:

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