# CPT and Procedure Code Training

Host by ACBHCS- QA Office

QAOffice@acbhcs.org

Update 3/21/13

# CPT and PROCEDURE CODE TRAINING for NON-MEDICAL STAFF

ADDITIONAL DATES ANNOUCEMENT


**APRIL 10, 2013- 1 - 3p**

**OR**

**MAY 13. 2013- 10a - 12p**

**OPEN TO CLINICAL MANAGEMENT, AND QA STAFF OF MENTAL HEALTH PROGRAMS IN ALAMEDA COUNTY BHCS CBO (Master Contract) NETWORK**

**NOTE: This is a clinical training for QA, Training, or Clinical Supervisory Staff- NO LINE STAFF- THIS IS NOT A BILLING TRAINING**

*If you have recently attended but would like a refresher, you may register for the added dates but only if you fit the training criteria

**Presenters:**

- Kyree Klimist, MFT
- Michael DeVito, MFT, MPH
- Anthony Sanders, PhD

**Training will be held on the ACBHCS Administration Campus:**
**2000 Embarcadero Cove, Oakland**
**5th Floor, Gail Steele Room**

Learning Objectives:

1. Understand the newly implemented CPT codes and the eliminated CPT codes
2. Distill your clinical care into appropriate documentation best captured by specific CPT codes
3. Update your clinical practice to successfully use and deploy CPT codes

**Pre-registration is required**

**Please click or go to: https://www.surveymonkey.com/s/CPT2013**

*Check-in, on the day of training, will begin 30 minutes prior to start time.*

For further questions, please contact QAOffice@acbhcs.org

**This is a free training presented by ACBHCS QA Office**

Alameda County Behavioral Health Care Services

# CPT CODE 1/1/13 CHANGES
# FAQ

**Q: Our agency often does both a MH Assessment and a Medication Assessment on the same day for our clients. May we bill for both a 323-90791 *Psychiatric Diagnostic Evaluation* and a 565-90792 *Psychiatric Diagnostic Evaluation with a Medical Component* on the same day by different providers?**

A: Yes

**Q: Our agency sometimes does a MH Assessment with the client and the family of the client separately on the same day by the same provider. May we bill either 323-90791 or 565-90792 twice in the same day by the same provider?**

A: Yes, but only if different "informants" (such as client and family member) are seen in each Psychiatric Diagnostic Evaluation. They must be seen separately and documented as such.

**Q: Clinician's Gateway will no longer accept "0" minutes in the face-to-face fields for some codes. Are we now unable to bill for phone services?**

A: Yes, you may bill. For now, when providing MH Services on the telephone—enter the number of contact minutes into the face-to-face fields. Also, be sure to indicate "telephone" in the "location" field so that only Medi-Cal is billed.

**A: Do we use code 323-90791 (Psychiatric Diagnostic Evaluation) when we complete the Community Functioning Evaluation?**

A: No, use code 324-96151 (Behavioral Evaluation). One advantage to this code is that all disciplines (with appropriate training and experience) may gather the Community Functioning Evaluation (or approved equivalent form) data.

**Q: Now, that Medicare requires that the choice of many billing codes (those with time frames, min-max) be done on the basis of face-to-face time, can we bill for work done exclusively on the phone (e.g. crisis, therapy, etc.)?**

A: Yes, the choice of the code would then be based on the *client contact time* and you would select the location code "telephone". Such claims will bypass Medicare and bill directly to Medi-Cal.

**Q: Medical Providers (MD, DO, NP, PA, CNS) claim medication services on codes that require face-to-face time, how do they bill for medication support on the phone?**

A: Medical Providers (MD, DO, NP, PA, CNS) use a specific County Code of 367 for non-face-to-face medication training and support.

A: For RN/LVN see below.

**Q: RN and LVN's cannot bill Medicare, how do they bill for medication support?**

A: RN/LVN's use a County Code 369 for medication support. It may be face-to-face (f-f) or non- f-f.

**Q: Some CPT codes now require a minimum amount of client f-f time, are we unable to bill for those services if our f-f time is below the minimum required?**

A: You may not use a CPT code in which the f-f time does not meet the minimum required by the CPT manual (i.e. a minimum of 16" for Individual Psychotherapy). However, if there is another appropriate code (that the service meets) you may claim and chart to that service.

**Q: The Crisis Intervention code has been eliminated and replaced with Crisis Therapy (377-90839, 378+90840). We have MHRS and Adjunct staff who used to provide Crisis Intervention services but who are not allowed to do Psychotherapy, may they bill the new "therapy" code?**

A: Yes, the definition of Crisis Intervention Services has not changed—only the Code Label. With the appropriate training and experience your staff may provide Crisis Intervention Services—now identified as Crisis Therapy.

**Q: In Children's Services we used to use Code 319 for "Collateral Family Therapy". We now see code 413-90846 ("Family Psychotherapy without Patient Present") and code 449-90847 ("Family Psychotherapy with Patient Present") on the Master Code List. Which should we use?**

A: Codes 413-90846 and 449-90847 have now been added to the Children's Programs' RU's. These are the codes to now use as they are more specific and map to an approved CPT code for billing purposes.

**Q: The Interactive Complexity add-on code 491+90785 is used for 456-90853 Group Psychotherapy. Can it also be used for 455-90849 Multi-Family Group Psychotherapy and/or 391 Group Rehabilitation services?**

A: No, the only group related code that the add-on code 491+90785 Interactive Complexity may be used with is code 406-90853 Group Psychotherapy.

**Q: The Interactive Complexity add-on code 491+90785 is used for Individual Psychotherapy. Can it also be used for 413-90846 and/or 449-90847 Family Psychotherapy codes?**

A: No, Interactive Complexity add-on code may not be used for Family Psychotherapy; however it may be used with Psychiatric Diagnostic Evaluation (323-90791, 565-90792), Group Psychotherapy (456-90853), Individual Psychotherapy (441-90832, 442-90834, 443-90837), and the Individual Psychotherapy add-on codes (465+90833, 467+90836, 468+90838).

**Q: May Interactive Complexity 491+90785 be used with all E/M codes?**

A: No, 491+90785 Interactive Complexity add-on code may only be used in conjunction with a Primary E/M code which also has a Psychotherapy add-on code (465+90833, 467+90836, 468+90838) associated with it.

**Q: May we bill the Psychiatric Diagnostic Evaluation codes 323-90791, or 565-90792 without the client present?**

A: Yes, you may review medical records, interview others involved in the client's care and still utilize these codes. If you interview the client on the phone—note that as the location code and you may bill these codes.

**Q: How do I enter Interactivity Complexity 491+90785 for billing purposes?**

A: In Clinician's Gateway select "present" in the Interactive Complexity Field.

A: For InSyst, select the 491+90785 code and enter one (1) minute for the duration of service as a placeholder.

**Q: Clinician's Gateway does not allow me to select multiple 30" Crisis Therapy 378+90840 add-on codes. May we then only bill for the first 1 1/2 hours of crisis?**

A: You may bill for the length of service provided, and Clinician's Gateway will bill the appropriate number of 30" Crisis Therapy Add-on's to the Insurer. However, when entering data into the database you total all of the f-f time beyond the first 60 minutes and enter those minutes in the "second f-f minutes" field for the add-on code.

**Q: May we use the Psychiatric Diagnostic Evaluation codes 323-90791, or 565-90792, for re-assessment purposes?**

A: Yes, these codes may be used for both Initial and re-assessments.

**Q: If we provide an E/M service in the field, at school or at a home may we use the E/M codes 99211-99215 which indicate "Office or other outpatient visit"?**

A: Yes, also select the appropriate "Location Code" when utilizing these E/M codes (e.g. telephone, field, school, home, etc.).

**Q: Clinician's Gateway used to support Co-Staffing of a service. It no longer does for some procedures, may we bill for both of the staff's time?**

A: Yes, if each provider writes a separate note and indicates what unique contribution each had, or why a second person was needed (e.g. safety). If "duplicate entry" is displayed, select the reason.

**Q: The CPT manual indicates Interactive Complexity 491+90785, includes: "Use of play equipment, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction". May we claim Interactive Complexity when we have an Interpreter present to overcome the language barriers to therapeutic interventions?**

A: No, currently CMS has indicated that the Interactive Complexity code "…should not be used to bill solely for translation or interpretation services as that may be a violation of federal statue".

**Q: The CPT manual indicates Interactive Complexity 491+90785, includes: "Use of play equipment, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction". May we claim Interactive Complexity when we utilize play therapy equipment for the majority of the session (sand tray, etc.)?**

A: Yes, the use of play equipment throughout the session allows you to claim for Interactive Complexity.

**Q: May we choose the time bracketed (min-max) CPT Codes based on total time so that we may be reimbursed for transportation and documentation time as well as f-f time?**

A: No, CPT Codes with time-frames (min-max) must be chosen only on the basis of f-f time (or contact time if done on the phone). However, you may claim for your time for transportation and documentation time as below. (Also, see examples, in the Power Point CPT Code Jan 2013 Changes Training.)

A: For Insyst:

- Choose the appropriate code based on the f-f time and then enter the Total Number of minutes (inclusive of documentation and travel time) even if the time exceeds that listed for the code. Do not choose a code which allows for more time. InSyst will claim to Medicare and Medi-Cal appropriately behind the scenes.
- If you have needed to choose Crisis Therapy or Psychotherapy add-on codes— add the documentation and travel time to the minutes for the last add-on code (but do not add an additional add-on code for those minutes).

A: For Clinician's Gateway

- Choose the appropriate code based on the f-f time and enter that time in the "Primary F-f Time field". In the "Primary Clinician Time" field, add the f-f time with the documentation and travel time and enter the Total Time.
- If add-on codes for Crisis Therapy or Psychotherapy are needed--do not add the documentation time and travel time to the" Primary Clinician Time" field (just enter Primary F-F time). After entering the remaining f-f time in the "2nd FF Time field"-- add the documentation and travel time to the add-on code's f-f time in the" Secondary Total Time Field". (Be sure to also indicate the remaining f-f time in the 2nd FF Time field).
- See examples, in the Power Point CPT Code Jan 2013 Changes Training.

**Q: May we utilize the 690 Mobile Crisis Response Code?**

A: No, this code is specific to the "Crisis Response Program's" RU only. As appropriate use the Crisis Therapy Codes: 377-90839 & 378+90840.

**Q: May we utilize the "New Patient" E/M codes 545-9, 992(01-05)?**

A: CBO's may use these codes if they have not provided Psychiatric Services to the client in the past three years. Alternatively, they may use Psychiatric Diagnostic Evaluation 565-90792 (there is no 3 year limit). County Clinics must use the code Psychiatric Diagnostic Evaluation 565-90792. Any person qualified to use E/M can also use 99212-15 E/M codes.

**Q: In a paper record (not Clinician's Gateway note) how do we enter the minutes for crisis when there are multiple add-on codes, do we break them down per code?**

A: You do need to indicate every add-on code, but then total the minutes (with f-f time broken out). For example: 128 minutes f-f time, 30 minutes documentation and 60 minutes travel time. Indicate as such:

---

In Chart:
377-90839,,378+90840, 378+90840
F-F 128", Doc 30", Travel 60", Total 218"

---

In InSyst:
377-90839 60"
378+90840 30"
378+90840 128"

---

**Q: May we utilize E/M codes that are not in our program's RU such as SNF E/M codes?**

A: No, programs may only provide those services authorized in their contract. Contact Provider Relations if you believe you are contracted for a procedure code that is not being accepted in InSyst.

**Q: In Clinician's Gateway I received an error statement "problem with form", what does this indicate?**

A: Hover your cursor over the red dot for more information. Call the IS help desk if you need additional assistance at 510-567(3)-8160.

**Q: Where can I learn more about the 2013 CPT Psychotherapy/Psychiatric Services changes—especially utilizing the E/M Codes?**

A: See below:

The National Council Resource Page:

- http://www.thenationalcouncil.org/cs/cpt_codes

The American Psychiatric Association Resource Page

- http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/current-procedural-terminology-cpt-code-changes-for-2013

The AACAP

- http://www.aacap.org/cs/business_of_practice/reimbursement_for_practitioners

The American Psychological Association

- http://www.apapracticecentral.org/reimbursement/billing/psychotherapy-codes.pdf
- http://www.apapracticecentral.org/reimbursement/billing/index.aspx?__utma=12968039.338271549.1342112804.1359501649.1361380803.10&__utmb=12968039.1.10.1361380803&__utmc=12968039&__utmx=-&__utmz=12968039.1361380803.10.6.utmcsr=google|utmccn=(organic)|utmcmd=organic|utmctr=american psychological association cpt code changes&__utmv=-&__utmk=224931866

The AMA

- http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page?
- The AMA app: EM Quickref (android or apple)
- **AMA Webinar - Psychotherapy/Psychiatric Services**: **CPT® 2013 Changes - Psychotherapy/Psychiatric Services**. This one-hour program discusses the changes made in the Psychotherapy/Psychiatric Services coding section.

# CPT Code Training: From the Old to the New

ACBHCS QA 3.2013

## AGENDA

- Why we are doing this training

## HANDOUTS

- CPT Power Point Presentation
- CPT FAQ
- CPT Code Sheets: Crosswalks & Master
- Guidelines for Scope of Practice
- Handout for CG users
- Interactive Complexity Info Sheet
- E/M & Psychotherapy Coding Algorithim
- E/M Services Guide: Coding by Key Component
- E/M Client Examples: Office, Established client

## CPT Codes vs. HCPC vs. Procedure Codes

- 3 Types of Codes:
  - **InSyst three digit Procedure Codes are used by our providers for service entry.** These procedure codes translate into HCPC or CPT codes when BHCS bills the service.
  - **CPT codes are used by Medicare** and commercial insurance for billing.
  - **HCPC Codes are used by Medi-Cal** for billing *(behind the scenes)*
- ***You must use both the 3 digit InSyst (County) Procedure codes and the 5 digit CPT codes in your documentation.***
  - **If there is not an associated CPT code—just use the 3 digit InSyst code.**

## New InSyst Procedure codes map to Medicare CPT and Medi-Cal HCPC Codes in the background

- Codes: Initial Eval, Community Functioning Evaluation, Psychotherapy, Crisis Therapy & Add-on Codes
  - INSYST can distinguish if these services are being billed by LCSW, MFT, intern, etc.
    - If an MFT (for a client with Medicare & Medi-Cal) bills for psychotherapy, INSYST sees that and sends it to Medi-Cal (since an MFT cannot bill Medicare)
      - In this case, even though Medicare will not be billed, we still use the new codes.

## Deleted Procedure Codes

| Old | New | New Code | Description |
|---|---|---|---|
| **90862** | **E/M** | **N/A** | **Pharmacologic Management** |
| 90857 | Group Therapy + Interactive Complexity add-on | 456-90853 +491 | Interactive Group Therapy |
| Multiple | Use Non-AB3632 Codes | N/A | AB3632 Codes (except Day Treatment & Day Rehab) |
| **90805 90807** | **Use E/M + Psychotherapy add-on codes** | **E/M + +441-90832 +442-90834 +443-90837** | **Combination codes for Medication Management with Psychotherapy** |

## Retained Procedure Codes

| Old | New | CPT | Description |
|---|---|---|---|
| 413 | 413 | 90846, | Family Psychotherapy without Client Present |
| 449 | 449 | 90847, | Family Psychotherapy with Client Present |
| 455 | 455 | 90849 | Multiple-family Group Psychotherapy |

## New or Revised InSyst/CPT Codes

| Old | New | CPT | Description |
|---|---|---|---|
| 331/332*<br>433/434 | 323<br>565 | 90791<br>90792 | Psychiatric Diagnostic Evaluation (Initial & Reassessment)<br>Psych Diag Eval with Medical (Initial & Reassessment) |
| 321/322* | 324 | 96151 | Behavioral Eval. (Comm. Funct'ng Eval. or Approved Equiv.) |
| 341/342*<br>444-8/<br>4450 | 441<br>442<br>443 | 90832<br>90834<br>90837 | Psychotherapy: 30 minutes<br>Psychotherapy: 45 minutes<br>Psychotherapy: 60 minutes |
| 463/464<br>466 | +465/7/<br>8 | +90833/6/<br>8 | Add-on Psychotherapy (to E/M): 30/45/60 minutes |
| 351/457 | 456 | 90853 | Group Psychotherapy |
| new | +491 | +90785 | Interactive Complexity Add On (only for those above) |
| 371/372* | 377 | 90839 | Crisis Therapy : 60 minutes (previously Crisis Services) |
| | +378 | +90840 | Add-on Crisis Therapy: 30 minute increments |
| 641/3-6 | 641/3-6 | 99211-5 | E/M Established outpatient Codes: 5/10/15/25/40 min's |
| new | 369 | --- | Meds Management RN/LVN/PT only (f-f or non f-f) |
| new | 367 | --- | Medical Provider Non f-f Medication Trng & Support |

* Eliminated AB3632 Codes.

## Psychiatric Diagnostic Evaluation Procedure Codes

- Two new codes distinguish between:

323--90791: an initial evaluation without medical services includes the following:

- Biopsychosocial assessment including history, mental status and recommendations and may include:
  - communication with family, others, and
  - review and ordering of diagnostic studies

565--90792: an initial evaluation with medical activities provided only by a medical provider includes those services in 90791 and:

- Medical assessment Physical exam beyond mental status (when appropriate)
- May include:
  - communication with family, others,
  - *prescription medications*, and
  - review and ordering of *laboratory* or other diagnostic studies

## Psychiatric Diagnostic Evaluation Procedure Codes Cont.

- Reporting Psychiatric Diagnostic Procedures
  - Each Psychiatric Diagnostic Codes may be reported only once per day (unless seeing the client and significant other separately).
  - 323-90791 Psych Diag Eval may be provided by a non-medical provider on the same day 565-90792 Psych Diag Eval with Medical Component is provided by a medical provider (psychiatrist/ANP/PA).
  - Cannot be reported with an E/M code on same day *by same individual provider*.
  - Cannot be reported with psychotherapy service code on same day *by any provider*.
  - May be reported more than once for a client when *separate diagnostic evaluations* are conducted with the *client* and *other collaterals (*such as family members, guardians, and significant others).
    1. Diagnostic evaluation for child with child.
    2. Diagnostic evaluation for child with caretaker.
  - Use the same codes, for later reassessment, as indicated.

## Non E/M Codes (Psychotherapy & Crisis): Time Periods & (+) Add- On Codes

- **Choose the procedure code based on the f-f time spent in session (or contact time on phone)**
- Supporting Documentation & Travel Time will be included in Total Time
- "Add-on+", a new code for additional time spent in session (Crisis Therapy only)
- "Add-on+", a code based on Intensity of Service Provided (Interactive Complexity) for Diag Eval, Ind & Group Psychotherapy & E/M with + add-on Psychotherpay)

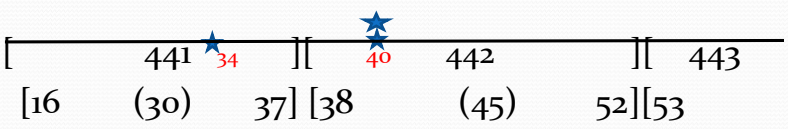
## Choosing the non E/M Codes (Psychotherapy & Crisis): Based on F-F Time Spent in Session

- "A unit of time is attained when the mid-point of the time period is passed." *CPT Manual 2013*
- **Always choose code on exact number of f-f minutes (for non f-f use, telephone, use client contact minutes).**

| Procedure Code: Therapy | CPT Code | Typical Time Period (minutes) | Actual/F-F Time (minutes) |
|---|---|---|---|
| 441 | 90832 | 30" Psychotherapy | 16-37" |
| 442 | 90834 | 45" Psychotherapy | 38-52" |
| 443 | 90837 | 60" Psychotherapy | 53"-beyond |
| 377 | 90839 | 60" Crisis Therapy | 30-75" |
| + 378 | + 90840 | Each Additional 16 – 45" Crisis Therapy | 16-45" |

## Time Spent in Session: examples

1. 441-90832 Psychotherapy 16-37":
Actual F-F is 34 minutes.
2. 442-90834 Psychotherapy 38-52":
Actual F-F is 40 minutes.



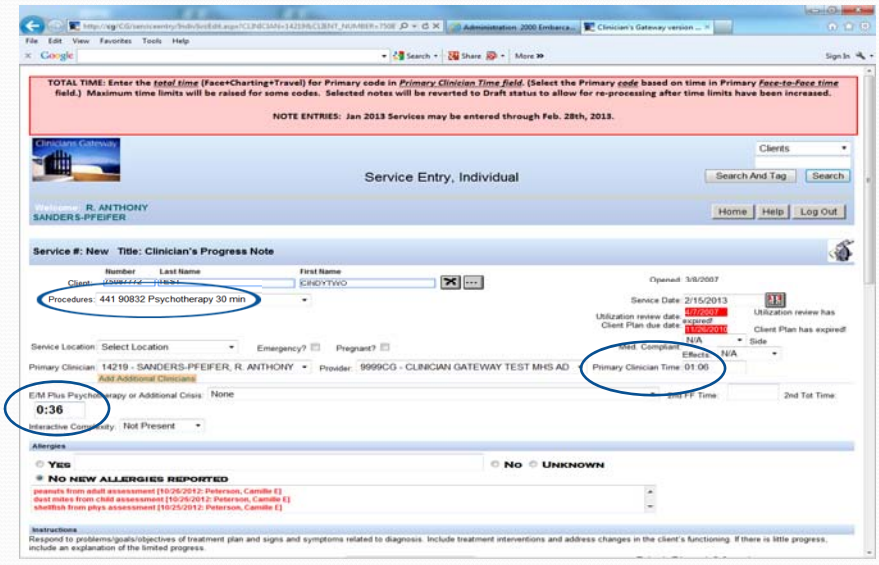
# Claiming Face-to-Face Time and Total Time: Clinician's Gateway

Psychotherapy: 36" f-f time, 10" doc. time, and 20" travel time. Total time = 66". (1:06)

- Choose code based on f-f time (or contact time for telephone) and enter that amount of time for that code:
  - 441-90832 (Ind Psych 16-37 min.) enter:
    36" in "Primary F-F Time"
- Total time. Enter:
  66" (1:06) in: "Primary Clinician Time"

**Warning:** To choose code based on total time would be considered Fraudulent by Medicare.

PSYCHOTHERAPY FACE TO FACE TIME = 36" (:36)
DOC/TRAVEL TIME = 30" (:30) TOTAL TIME = 66" (1:06)



## Claiming Face-to-Face Time and Total Time: InSyst Direct Entry

Psychotherapy: 45" f-f time, 10" doc. time, and 20" travel time. Total time = 75".

- Choose code based on f-f time (if on the phone—base on contact time):
  - 442-90834 (Ind Psych 38-52 min.)
- Enter Total Time:
  - 75"
- **Warning:** To choose code based on total time would be considered Fraudulent by Medicare.

## Add-On Codes (+)

*Add-On (+) codes describe additional services provided within a service. They are added to select, primary codes and demonstrate an enhanced service.*

- *Added time increments (crisis therapy) Added service (interactive complexity or psychotherapy)*
- *Add-on (+) codes are never used as stand alone codes*
- *Add-on codes are designated by a + sign*

**Note: In addition to Medicare, other Private Insurance Carriers may use these codes. Therefore, ALL clinicians need to code according to the service they are providing, not to the insurance of the client.**

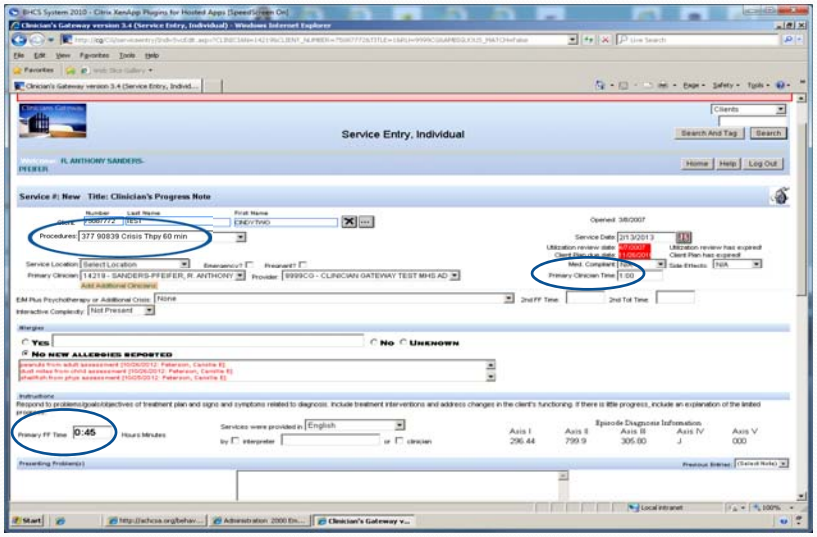
# Add-On Codes continued:

- Additional Time Spent: for Crisis Therapy—concept in general.
  - 377-90839 is used for the first 30-75”
  - 378-90840 is used for each additional 16-45”
  - When you go beyond a 377 and use a 378--the 377 is indicated as 60” and the balance moves down to 378.
  - If an additional 378 is needed the earlier 378 indicates 30” and the balance moves down to the next 378.
  - The final 378 includes the actual remaining minutes of f-f time.

# Crisis Code 377-90839 (Used Alone)

- **InSyst**
  - Crisis service lasting 45” f-f, 15” doc/travel
    - Based on f-f time choose code 377-90839 (30-75”)
    - Enter 60” (45” f-f + 15” doc/travel)
- **Clinician’s Gateway**
  - Crisis service lasting 45” f-f, 15” doc/travel
    - Use code 377-90839 for the 45” f-f time.
      - Enter 45” into “Primary f-f Time”
      - Enter Total Time of 60” (1:00) (45” f-f + 15” doc/travel) into “Primary Clinician Time”
      - *See screen shot*
- ***For < 30 minutes can not use Crisis Code (if appropriate use and chart to a different code, e.g. individual psychotherapy, E/M, etc.)***

CRISIS THERAPY FACE TO FACE TIME = 45” (:45)
DOC/TRAVEL TIME = 15” (:15) TOTAL TIME = 60” (1:00)

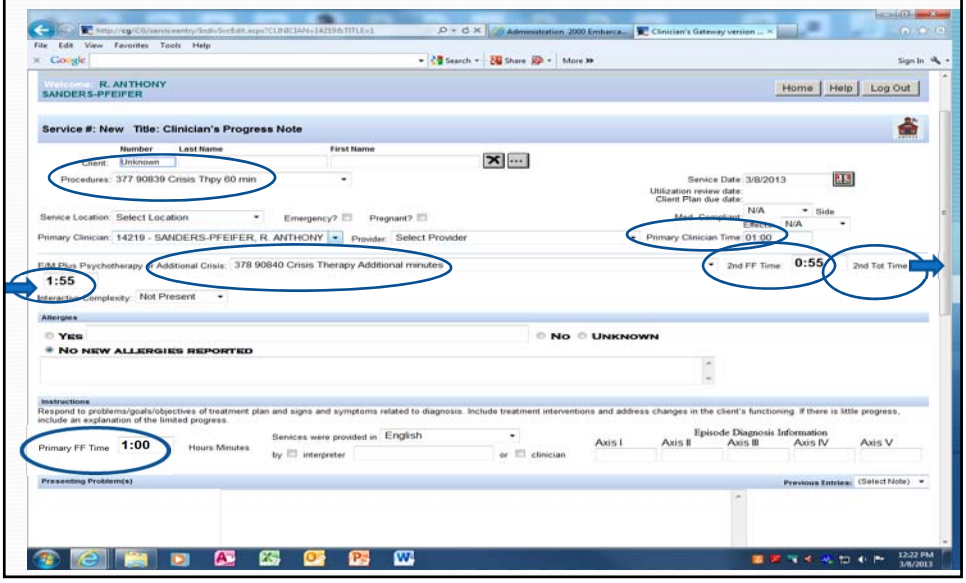



# Crisis Code 377-90839 + 378-90840

- **InSyst**
  - Crisis service: 115” F-F Time + 60” Travel/Doc Time = 175” Total Time
    - Select Code 377-90839 for the 1st 60” = 60” duration time
    - Select Code 378-90840 for next 30” = 30” duration time
    - Select Code 378-90840 for the add’l 25” = 85” duration time
      - Includes 25” F-F time + 60” Travel/Doc time
  - In paper chart, indicate:
    - “377-90839, +378-90840, +378-90840. F-F = 115”, Total Time = 175”
    - OK to also indicate documentation and travel time.

- **Clinician’s Gateway:**
  - Crisis service: 115” (1:55) F-F Time + 60” (1:00) Travel/Doc Time = 175” (2:55) Total Time
    - Select code 377-90839 and enter 60” (1:00) in “Primary FF Time” & 60” (1:00) into “Primary Clinician Time”
    - Select code 378-90840 and enter= 55 “in “Secondary FF Time” & 115 (1:55) into “Secondary Total Time” (55” remaining f-f + 60” doc/travel time).
    - *See Screen Shot*

CRISIS THERAPY FACE TO FACE TIME = 115" (1:55)
DOC/TRAVEL TIME = 60" (1:00) TOTAL TIME = 175" (2:55)




## Add-On Code for Additional Service Provided:

## Interactive Complexity

Refers to specific <u>communication factors</u> *during* a visit that complicate delivery of the primary psychiatric procedure:

- Typical clients:
  - Have others legally responsible for their care, such as minors or adults with guardians
  - Request others to be involved in their care during the visit
  - Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools

## Add-On Code for Additional Service Provided: **Interactive Complexity cont.**

4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure:

1. The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.

- Vignette (reported with 442-90834, Psychotherapy 45 min)
  - *Psychotherapy for an older elementary school-aged child accompanied by divorced parents, reporting declining grades, temper outbursts, and bedtime difficulties. Parents are extremely anxious and repeatedly ask questions about the treatment process. Each parent continually challenges the other's observations of the client.*

## Add-On Code for Additional Service Provided: **Interactive Complexity cont.**

4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure:

2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan

- Vignette (reported with 441-90832, psychotherapy 30 min)
  - *Psychotherapy for young elementary school-aged child. During the parent portion of the visit, mother has difficulty refocusing from verbalizing her own job stress to grasp the recommended behavioral interventions for her child.*

## Add-On Code for Additional Service Provided: **Interactive Complexity cont.**

4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure:

3. Evidence or disclosure of a Sentinel Event and mandated reporting to a 3rd party (e.g., abuse or neglect with report to state agency) *with* initiation of discussion of the sentinel event and/or report with client and other visit participants

- Vignette (reported with 565-90792, psychiatric diagnostic evaluation with medical services)
  - *In the process of an evaluation, adolescent reports several episodes of sexual molestation by her older brother. The allegations are discussed with parents and report is made to state agency.*

## Add-On Code for Additional Service Provided: **Interactive Complexity cont.**

4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure:

4. Use of play equipment, physical devices, ~~interpreter or translator~~** to overcome barriers to diagnostic or therapeutic interaction with a client who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

- Vignette (reported with 456-90853, group psychotherapy)
  - *Group psychotherapy for a young child who requires play equipment to participate in the group therapeutic interaction*

****Per CMS, 491 should not be used to bill *solely* for translation or interpretation services as that may be a violation of federal statute.**

## Add-On (+) Procedure Code for Interactive Complexity (+491-90785)

Can only be used with these codes:

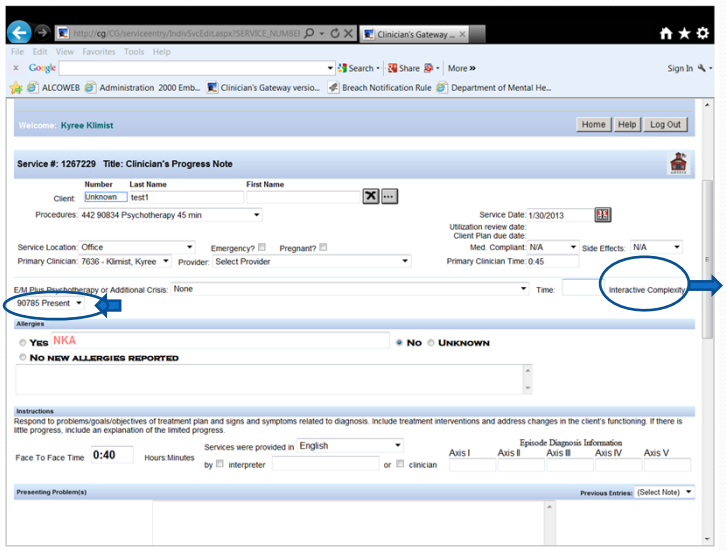
- **323-90791 & 565-90792 Psychiatric Diagnostic Eval.**
- 441-90832, 442-90834, 443-90837 **Psychotherapy**
- E/M+465-90833, E/M+467-90836, E/M+468-90838 **E/M with + Psychotherapy add-on**
- 456-90853 **Group Psychotherapy**

***Cannot be used with Crisis Therapy, Family Therapy, or with other E/M codes when no psychotherapy was provided.***

## Interactive Complexity (+) 491-90785 Add-on in InSyst & CG

- Select primary procedure code and indicate minutes (into InSyst or Clinician's Gateway) as previously described.
- Select Interactive Complexity Add-on Code (no associated minutes).
  - InSyst, Select code 491-90785 and enter one (1) minute
  - Clinician's Gateway, Select "Interactive Complexity: Present"

## Interactive Complexity 491-90785 Add-on (+) in Clinician's Gateway (CG) EHR




## Psychotherapy Add-on Codes to E/M

- Must be added on to an E/M code.
- Cannot bill for < 16 min Psychotherapy Add-on
- For Medical Providers only (MD, DO, CNS, NP, PA)

- + 441 + 90832 = Psychotherapy Additional 16-37"
- + 442 + 90834 = Psychotherapy Additional 38-52"
- + 443 + 90837 = Psychotherapy Additional 53" +

# Documenting Add-On (+) Codes

- Medicare/CMS requires that each add-on code is indicated in the chart note.
  - Example:
    - 377-90839 Crisis Therapy
    - +378-90840 Crisis Therapy add-on
    - +378-90840 Crisis Therapy add-on
- When documenting for an add-on code, be sure that the note content reflects the service and/or time frame of the add-on.

# Evaluation and Management (E/M) Codes

- Psychiatric services now may be reported with the same range of complexity and physician work as has long been available to all other medical specialties
  - Code starts with "99" and comprised of 5 digits
  - Used to report a medical service rendered during a client visit
  - The level of service is indicated by the last digit.
    - Level 1 is the least complex
    - Level 5 is greater complexity (outpatient) or Level 3 (inclient)
  - Used by all physicians and (MD, DO) and other qualified health care professionals (APN, PA)
  - In addition, E/M codes typically pay more for the same service

# Medicare Payments

| Code | Payment | Difference | % Increase |
|---|---|---|---|
| 90862 | $58.54 (prev. 30") | Baseline | Baseline |
| 99211 | $19.74 (1-7") | | |
| 99212 | $42.55 (8-12") | | |
| 99213 | $70.46 (13-20") | Additional $11.92 | 20% Increase |
| 99214 | $104.16 (21-32") | Additional $45.62 | 78% Increase |
| 99215 | $139.89 (33"+) | | |

## CPT E/M New client Definition—CBO's Only

- 545-549/99201-99205. A new client is one who has not received any professional services from
  - the medical provider or another medical provider of the same specialty or sub-specialty
  - **who belongs to the same group practice (same Tax ID Number (TIN)**
  - **within the past three years.**
  - Each ACBHCS Contracted Community Based Organization (all sites) is it's own group practice.
- ***New client Codes ONLY FOR CBO PROVIDERS—County Medical Providers use 565—90792 Psychiatric Diagnostic Evaluation with Medical Component***

## CPT E/M Established client Definition

- 641,643-6/99211—99215. An established client is one who has received professional services from
  - the medical provider or another medical provider of the same specialty or sub-speciality*
  - who belongs to the same group practice (same TIN),
    - **Either a <u>specific CBO</u>, *or***
    - **<u>any of the ACBHCS County Owned & Operated Clinics</u>**
  - within the past 3 years

*Psychiatric subspecialty's include: Child & Adolescent, Geriatric, Addiction, Forensic & Psychosomatic Medicine.

## Two Paths to E/M Selection

- PATH ONE
  - Basing the code on **<u>Time</u>**
    - Counseling and Coordination of Care are 50% or > of f-f time.
    - The only <u>exception</u> to this if you are <u>using an add on psychotherapy code</u>, you cannot use time as the basis of selecting the code for the E/M portion of the work.
    - **In the Community MH setting it is often found that the majority of E/M services include Counseling & Coordination of Care which is over 50% of f-f time.**
- PATH TWO
  - Basing the code on the **<u>Elements</u>**
    - History
    - Exam
    - Medical Decision Making

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coordination of Care

- **Time shall be the key controlling factor used for the selection of the Level of the E/M Service**
  - when counseling or coordination of care dominates the encounter more than 50 percent
    - **Face-to-face time for office visits**
    - Unit time for facility visits
    - **EXCEPT time cannot be the factor for selection of the level when done in conjunction with a psychotherapy visit.**

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care cont.

- Document:
  - Length of time of the encounter and of the time spent in counseling and coordination of care—see Progress Note example.
  - **AND the <u>content</u> of the counseling and/or coordination of care <u>activities</u>**

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care cont.

- **> 50% of the Time is Spent Discussing with the client, *or Family*, Any of the Following (Counseling)**:
  - Prognosis
  - Test Results
  - Compliance/Adherence
  - Education
  - Risk Reduction
  - Instructions
- **The time & counseling activities must be thoroughly documented.**

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care cont.

- **Codes & Timeframes**

| NEW client VISIT TIME—CBO's | | ESTABLISHED client VISIT TIME | |
|---|---|---|---|
| CODE | MINUTES | CODE | MINUTES |
| 545-99201 | 10 (6 – 15") | 641-99211 | 5 (3 – 7") |
| 546-99202 | 20 (16 – 25") | 643-99212 | 10 (8 – 12") |
| 547-99203 | 30 (26 – 37") | 644-99213 | 15 (13 – 20") |
| 548-99204 | 45 (38 – 52") | 645-99214 | 25 (21 – 32") |
| 549-99205 | 60 (53" + ) | 646-99215 | 40 (33" + ) |

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care cont.

- **Counseling:** Discussion with a client or the client's family concerning one or more of the following issues:
  - Diagnostic results, Prior studies, Need for further testing
  - Impressions
  - Clinical course, Prognosis
  - Treatment options, Medication Issues, Risks and benefits of management options
  - Instructions for management and/or follow-up
  - Importance of compliance with chosen management options
  - Risk factor reduction
  - Client education

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care cont.

- Although CPT considers "counseling" as separate and distinct from psychotherapy, psychiatrists typically include counseling (as defined by CPT) as part of their regular treatment.
- Many of the components of "Supportive Psychotherapy" may be considered as overlapping with "Counseling" (as defined by CPT).
  - *"From the clinician's objectives—to maintain or improve the client's self-esteem, to minimize or prevent recurrence of symptoms, and to maximize the client's adaptive capacities."**
  - *"From the client's goals—to maintain or reestablish the best-possible level of functioning given the limitations of his or her personality, native ability, and life circumstances..."**

*An Introduction to Supportive Psychotherapy published by the American Psychiatry Press, Inc.

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care cont.

| CPT Elements of Counseling | Corresponding Elements of Supportive Psychotherapy* |
|---|---|
| Diagnostic results, impressions, and/or recommended diagnostic studies | Advice and Teaching |
| Prognosis | Reassurance & Encouragement |
| Risks and benefits of management (treatment) options | Advice and Teaching,<br>Rationalizing and Reframing |
| Instructions for management (treatment) and/or follow-up | Anticipatory Guidance,<br>Reducing and Preventing Anxiety<br>Naming the Problem<br>Advice and Teaching |
| Importance of compliance with chosen management (treatment) options | Expanding the client's Awareness |
| Risk factor reduction | Naming the Problem<br>Expanding the Client's Awareness<br>Advice and Teaching |

**Introduction to Supportive Psychotherapy, Amer. Psych. Press, Inc. 2004*

## Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care cont.

- **Coordination of care:**
  - Services provided by the medical provider responsible for the direct care of a client when he or she **coordinates or controls access to care or initiates or supervises other healthcare services** needed by the client.
  - outpatient **coordination of care must be provided face-to-face with the cli**ent.
  - *Coordination of care with other providers or agencies without the client being present on that day is reported with the non face-face code 367.*

## Example of Counseling & Coordination of Care—Outpt.

- A client returns to a psychiatrist's office for a medication check.
- The encounter takes a total of 25 minutes, during which time more than 12.5 minutes is spent explaining to the client about how a newly prescribed medication works, how to establish a routine so that no doses will be missed, and the possible side-effects of the medication and what to do if they occur.
- The appropriate E/M code would be 645-99214 (office or outpatient service for an established client), based on the 25-minute time rather than on a detailed history and examination and moderately complex medical decision making that would be required to use this code if counseling and coordination had not taken up more than 50 percent of the time.
- The psychiatrist documents the extent of the counseling/coordination of care in the daily progress note.

## Medical Necessity—CMS

- The Center for Medicare and Medicaid (CMS) defines medically necessary services as those that are
  - *"reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member"*
  - In short, services must be clinically appropriate for the client's condition

## General Principles of Documentation

- Complete and legible
- Include:
  - Reason for the encounter and relevant history, physical examination findings and prior diagnostic test results
  - Assessment, clinical impression or diagnosis
  - Plan for care
  - Date and legible identity of the observer
- Over

## General Principles of Documentation cont.

- Rationale for ordering ancillary services should be easily inferred
- Past and present diagnoses should be accessible
- Appropriate health risk factors should be identified
- Document the client's response to, changes in treatment, and revision of diagnosis
- The CPT and ICD-9-CM codes reported should be supported.

# General Audit Issues

- Upcoding
- Downcoding
- Meet E/M criteria
- Medical necessity
- Red flags
  - High use of highest level code
  - Exclusive use of one level code

# Path 1: Choosing the E/M Code Based on Time: Counseling & Coord. of Care

- CMS: Most Frequently Missed Items in E/M Documentation:
  - Time Based Codes
    - In choosing a code based upon time for counseling and coordination of care, total time may be documented but there is not:
      - quantification that more than 50 percent of the time was spent on counseling and there is also
      - no documentation of what the coordination of care was or what the counseling was.

# Path 1: Choosing the E/M Code Based on Time: Counseling & Coordination of Care

| AUDITOR'S WORKSHEET | Yes | No |
|---|---|---|
| Does documentation reveal total time (Face-to-face in outpatient setting; unit/floor in inpatient setting) and indicate > 50% of the total time was counseling and coordination of care services? | | |
| Does documentation describe the content of counseling or coordinating care? | | |
| Does documentation support that more than half of the total time was counseling or coordinating of care? | | |

# Path 2: Choosing the E/M Code Based on the Elements

- **History**
  - Chief Complain
  - History of Present Illness (HPI)
  - Past, Family and/or Social History (PFSH)
  - Review of Systems (ROS)
- **Exam**
  - Number of system/body areas examined
  - "Bullets" or elements completed within specific systems
- **Medical Decision Making**
  - Number of Diagnoses or Management Options
  - Amount and/or Complexity of Data to be Reviewed
  - Risk of Significant Complications, Morbidity, and/or Mortality

*Each line impacts kind of History, Exam, and MDM*

# Evaluation and Management Services Guide

*Coding by Key Components*

American Academy of Child & Adolescent Psychiatry
www.aacap.org

## History

| Chief Complaint (CC) | History of present illness (HPI) | Past, family, social history (PFSH) | Review of systems (ROS) |
|---|---|---|---|
| Reason for the visit | Location; Severity; Timing; Quality; Duration; Context; Modifying Factors; Associated signs and symptoms | Past medical; Family medical; Social | Constitutional; Eyes; Ears, Nose, Mouth, and Throat; Cardiovascular; Respiratory; Genitourinary; Musculoskeletal; Gastrointestinal; Skin/Breast; Neurological; Psychiatric; Endocrine; Hematologic/Lymphatic; Allergic/Immunologic |

| CC | HPI | PFSH | ROS | History Type |
|---|---|---|---|---|
| Yes | *Brief* (1-3 elements or 1-2 chronic conditions) | N/A | N/A | *Problem focused* (PF) |
| | | | *Problem pertinent* (1 system) | *Expanded problem focused* (EPF) |
| | *Extended* (4 elements or 3 chronic conditions) | *Pertinent* (1 element) | *Extended* (2-9 systems) | *Detailed* (DET) |
| | | *Complete* (2 elements (est) or 3 elements (new/initial)) | *Complete* (10-14 systems) | *Comprehensive* (COMP) |

## Examination

| System/body area | Examination |
|---|---|
| Constitutional | • 3/7 vital signs: sitting or standing BP, supine BP, pulse rate and regularity, respiration, temperature, height, weight<br>• General appearance |
| Musculoskeletal | • Muscle strength and tone<br>• Gait and station |
| Psychiatric | • Speech<br>• Thought process<br>• Associations<br>• Abnormal/psychotic thoughts<br>• Judgment and insight<br>• Orientation<br>• Recent and remote memory<br>• Attention and concentration<br>• Language<br>• Fund of knowledge<br>• Mood and affect |

| Examination Elements | Examination type |
|---|---|
| 1-5 bullets | *Problem focused* (PF) |
| At least 6 bullets | *Expanded problem focused* (EPF) |
| At least 9 bullets | *Detailed* (DET) |
| All bullets in Constitutional and Psychiatric (shaded) boxes and 1 bullet in Musculoskeletal (unshaded) box | *Comprehensive* (COMP) |

CPT® five-digit codes, descriptions, and other data only are copyright 2012 by the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. CPT® is a registered trademark of the American Medical Association (AMA).

Evaluation and Management Services Guide
*Coding by Key Components*
American Academy of Child & Adolescent Psychiatry
www.aacap.org

## Medical Decision Making

### Data Points

| Categories of Data to be Reviewed (max=1 for each) | Points |
|---|---|
| Review and/or order of clinical lab tests | 1 |
| Review and/or order of tests in the radiology section of CPT | 1 |
| Review and/or order of tests in the medicine section of CPT | 1 |
| Discussion of test results with performing physician | 1 |
| Decision to obtain old records and/or obtain history from someone other than patient | 1 |
| Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider | 2 |
| Independent visualization of image, tracing, or specimen itself (not simply review report) | 2 |

### Table of Risk

| Level of Risk | Presenting Problem(s) | Diagnostic Procedure(s) Ordered | Management Options Selected |
|---|---|---|---|
| *Minimal* | One self-limited or minor problem | Venipuncture; EKG; urinalysis | Rest |
| *Low* | Two or more self-limited or minor problems;<br>One stable chronic illness;<br>Acute uncomplicated illness | Arterial puncture | OTC drugs |
| *Moderate* | One or more chronic illnesses with mild exacerbation, progression, or side effects;<br>Two or more stable chronic illnesses;<br>Undiagnosed new problem with uncertain prognosis;<br>Acute illness with systemic symptoms | | Prescription drug management |
| *High* | One or more chronic illnesses with severe exacerbation, progression, or side effects;<br>Acute or chronic illnesses that pose a threat to life or bodily function | | Drug therapy requiring intensive monitoring for toxicity |

| 2/3 elements must be met or exceeded: | Problem Points | Data Points | Risk | Complexity of Medical Decision Making |
|---|---|---|---|---|
| | 0-1 | 0-1 | Minimal | *Straightforward* |
| | 2 | 2 | Low | *Low* |
| | 3 | 3 | Moderate | *Moderate* |
| | 4 | 4 | High | *High* |

## CPT Codes

### New Patient Office
(requires 3 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99201 | PF | PF | Straightforward |
| 99202 | EPF | EPF | Straightforward |
| 99203 | DET | DET | Low |
| 99204 | COMP | COMP | Moderate |
| 99205 | COMP | COMP | High |

### Established Patient Office
(requires 2 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99211 | N/A | N/A | N/A |
| 99212 | PF | PF | Straightforward |
| 99213 | EPF | EPF | Low |
| 99214 | DET | DET | Moderate |
| 99215 | COMP | COMP | High |

### Initial Hospital/PHP
(requires 3 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99221 | DET | DET | Straightforward |
| 99222 | COMP | COMP | Moderate |
| 99223 | COMP | COMP | High |

### Subsequent Hospital/PHP
(requires 2 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99231 | PF | PF | Straightforward |
| 99232 | EPF | EPF | Moderate |
| 99233 | DET | DET | High |

www.psychiatry.org

## Evaluation and Management (E/M) Patient Examples

*Office, Established Patient*



AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

**IMPORTANT**

The sample progress notes below meet criteria for the specified E/M code, but do *not* necessarily meet criteria for the multiple other purposes (e.g., clinical, legal) of documentation. For illustration, the documentation meets requirements specified by the codes for the exact levels of each of the 3 key components. In practice, criteria for these codes may be met by documenting only 2 of 3 of the key components at or above the level required by the code.

**SERVICES SHOULD ALWAYS BE MEDICALLY NECESSARY.**

| 99213 | | *Office visit for a 9-year-old male, established patient, with ADHD. Mild symptoms and minimal medication side effects.* | *Office visit for a 27-year-old female, established patient, with stable depression and anxiety. Intermittent moderate stress.* | |
|---|---|---|---|---|
| HISTORY | CC | 9-year-old male seen for follow up visit for ADHD. Visit attended by patient and mother; history obtained from both. | 27-year-old female seen for follow up visit for depression and anxiety. Visit attended by patient. | HISTORY: *Expanded Problem Focused* |
| | HPI | Grades are good (associated signs and symptoms) but patient appears distracted (quality) in class (context). Lunch appetite poor but eating well at other meals.<br>**HPI scoring**: 3 elements = *Brief* | Difficulty at work but coping has been good. Minimal (severity) situational sadness (quality) and anxiety when stressed (context).<br>**HPI scoring**: 3 elements = *Brief* | |
| | PFSH | N/A | N/A | |
| | ROS | Psychiatric: denies depression, anxiety, sleep problems<br>**ROS scoring**: 1 system = *Problem-pertinent* | Psychiatric: no sadness, anxiety, irritability<br>**ROS scoring**: 1 system = *Problem-pertinent* | |
| EXAM | Const | Appearance: appropriate dress, comes to office easily | Appearance: appropriate dress, appears stated age | EXAM: *Exp. Problem Focused* |
| | MS | N/A | N/A | |
| | Psych | Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate<br>**Examination scoring**: 6 elements = *Expanded problem-focused* | Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate; Judgment and insight: good<br>**Examination scoring**: 7 elements = *Expanded problem-focused* | |
| MEDICAL DECISION MAKING | | **Problem 1**: ADHD<br>**Comment**: Relatively stable; mild symptoms<br>**Plan**: Renew stimulant script and increase dose; Return visit in 2 months | **Problem 1**: Depression<br>**Comment**: Stable<br>**Plan**: Renew SSRI script at the same dose; Return visit in 3 months<br>**Problem 2**: Anxiety<br>**Comment**: Stable<br>**Plan**: Same dose of SSRI | MEDICAL DECISION MAKING: *Low Complexity* |
| | Prob | **Problem scoring**: 1 established problem, stable (1); total of 1 = *Minimal* | **Problem scoring**: 2 established problems, stable (1 for each = 2); total of 2 = *Limited* | |
| | Data | **Data scoring**: Obtain history from someone other than patient (2); total of 2 = *Limited* | **Data scoring**: None = *Minimal* | |
| | Risk | **Risk scoring**: Chronic illness with mild exacerbation, progression, or side effects; and Prescription drug management = *Moderate* | **Risk scoring**: Two stable chronic illnesses; and Prescription drug management = *Moderate* | |

## Evaluation and Management (E/M) Patient Examples

| 99214 | | *Office visit for a 13-year-old male, established patient, with depression, anxiety, and anger outbursts.* | *Office visit for a 70-year-old male, established patient, with stable depression and recent mild forgetfulness.* | |
|---|---|---|---|---|
| HISTORY | CC | 13-year-old male seen for follow up visit for mood and behavior problems. Visit attended by patient and father; history obtained from both. | 70-year-old male seen for follow up visit for depression. Visit attended by patient and daughter; history obtained from both. | HISTORY: *Detailed* |
| | HPI | Patient and father report increasing (timing), moderate (severity) sadness (quality) that seems to be present only at home (context) and tends to be associated with yelling and punching the walls (associated signs and symptoms) at greater frequency, at least once per week when patient frustrated. Anxiety has been improving and intermittent, with no evident trigger (modifying factors).<br>**HPI scoring**: 6 elements = *Extended* | Patient and daughter report increasing distress related to finding that he has repeatedly lost small objects (e.g., keys, bills, items of clothing) over the past 2-3 months (duration). Patient notices intermittent (timing), mild (severity) forgetfulness (quality) of people's names and what he is about to say in a conversation. There are no particular stressors (modifying factors) and little sadness (associated signs and symptoms).<br>**HPI scoring**: 6 elements = *Extended* | |
| | PFSH | Attending 8th grade without problem; fair grades<br>**PFSH scoring**: 1 element: social = *Pertinent* | Less attention to hobbies<br>**PFSH scoring**: 1 element: social = *Pertinent* | |
| | ROS | Psychiatric: no problems with sleep or attention;<br>Neurological: no headaches<br>**ROS scoring**: 2 systems = *Extended* | Psychiatric: no problems with sleep or anger;<br>Neurological: no headaches, dizziness, or weakness<br>**ROS scoring**: 2 systems = *Extended* | |
| EXAM | Const | Appearance: appropriate dress, appears stated age | Appearance: appropriate dress, appears stated age | EXAM: *Detailed* |
| | MS | N/A | Muscle strength and tone: normal | |
| | Psych | Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: good; Mood and affect: euthymic and full and appropriate ; Judgment and insight: good<br>**Examination scoring**: 9 elements = *Detailed* | Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: unable to focus on serial 7s; Mood and affect: euthymic and full and appropriate; Recent and remote memory: mild struggle with telling history and remembered 1/3 objects<br>**Examination scoring**: 10 elements = *Detailed* | |
| MEDICAL DECISION MAKING | | **Problem 1**: Depression<br>**Comment**: Worsening; appears associated with lack of structure<br>**Plan**: Increase dose of SSRI; write script; CBT therapist; Return visit in 2 weeks<br>**Problem 2**: Anxiety<br>**Comment**: Improving<br>**Plan**: Patient to work with therapist on identifying context<br>**Problem 3**: Anger outbursts<br>**Comment**: Worsening; related to depression but may represent mood dysregulation<br>**Plan**: Call therapist to obtain additional history; consider a mood stabilizing medication if no improvement in 1-2 months | **Problem 1**: Depression<br>**Comment**: Stable; few symptoms<br>**Plan**: Continue same dose of SSRI; write script<br>Return visit in 1 month<br>**Problem 2**: Forgetfulness<br>**Comment**: New; mildly impaired attention and memory<br>**Plan**: Brain MRI; consider referral to a neurologist if persists | MEDICAL DECISION MAKING: *Moderate Complexity* |
| | Prob | **Problem scoring**: 2 established problems, worsening (2 for each problem = 4); 1 established problem, improving (1); total of 5 = *Extensive* | **Problem scoring**: 1 established problem, stable (1); 1 new problem with additional workup (4); total of 5 = *Extensive* | |
| | Data | **Data scoring**: Obtain history from other (2); Decision to obtain history from other (1); total of 3 = *Multiple* | **Data scoring**: Order of test in the radiology section of CPT (1); Obtain history from other (2); total of 3 = *Multiple* | |
| | Risk | **Risk scoring**: One or more chronic illnesses with mild exacerbation, progression; and Prescription drug management = *Moderate* | **Risk scoring**: Undiagnosed new problem with uncertain prognosis; and Prescription drug management = *Moderate* | |

Evaluation and Management (E/M) Patient Examples

| 99215 | | *Office visit for an established adolescent patient with history of bipolar disorder treated with lithium; seen on urgent basis at family's request because of severe depressive symptoms.* | *Office visit for a 25-year-old male, established patient with a history of schizophrenia, who has been seen bi-monthly but is complaining of auditory hallucinations.* | |
|---|---|---|---|---|
| HISTORY | CC | 17-year-old male seen for urgent visit for depression. Visit attended by patient and parents; history obtained from all 3. | 25-year-old male seen for follow up visit for schizophrenia. Visit attended by patient. | HISTORY: *Comprehensive* |
| | HPI | Patient doing well until 2 days ago (timing) when, for no apparent reason (context), he refused to leave his bed and appeared extremely (severity) and continuously depressed (quality); he is sleeping more and eating little (associated signs and symptoms).<br>**HPI scoring**: 5 elements = *Extended* | The patient reports doing well until 1 week ago (duration) when he stayed up all night to finish a term paper (context). He has slept poorly (severity) since (timing) and, 2 days ago, began hearing fairly continuous voices (quality) telling him that people plan to shoot him. Attention and organization were good up until this past week (associated signs and symptoms).<br>**HPI scoring**: 6 elements = *Extended* | |
| | PFSH | Stopped attending school; family history of suicide is noted from patient's initial evaluation<br>**PFSH scoring**: Family and social (2 elements) = *Complete* | Doing well in third year of graduate school. Chart notes no family psychiatric history.<br>**PFSH scoring**: Family and social (2 elements) =*Complete* | |
| | ROS | Psychiatric: no problems with anxiety or anger; Neurological: no headaches; All other systems reviewed and are negative.<br>**ROS scoring**: All systems = *Complete* | Psychiatric: denies symptoms of depression or mania; Neurological: no headaches; All other systems reviewed and are negative.<br>**ROS scoring**: All systems = *Complete* | |
| EXAMINATION | Const | VS: BP (sitting) 120/70, P 90 and regular, R 20; Appearance: appropriate dress, appears stated age | VS: BP (sitting) 115/70, P 86 and regular, Ht 5'10", Wt 180 lbs; Appearance: appropriate dress, appears stated age | EXAMINATION: *Comprehensive* |
| | MS | Gait and station: normal | Gait and station: normal | |
| | Psych | Speech: sparse and slow; Thought process: logical; Associations: intact; Thought content: hopelessness, thinks of suicide, no HI or psychotic symptoms; Orientation: x 3; Attention and concentration: impaired; Mood and affect: depressed and constricted; Judgment and insight: poor; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases<br>**Examination scoring**: All elements of constitutional and psychiatric and 1 element of musculoskeletal = *Comprehensive* | Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: auditory hallucinations and paranoid ideation, no SI/HI; Orientation: x 3; Attention and concentration: impaired; Mood and affect: euthymic and full and appropriate; Judgment and insight: good; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases<br>**Examination scoring**: All elements of constitutional and psychiatric and 1 element of musculoskeletal = *Comprehensive* | |
| MEDICAL DECISION MAKING | | **Problem 1**: Bipolar disorder<br>**Comment**: Major relapse<br>**Plan**: Continue current dose of Lithium for the moment<br><br>**Problem 2**: Suicidality<br>**Comment**: New<br>**Plan**: Refer to hospital; confer with hospitalist once patient is admitted | **Problem 1**: Psychosis<br>**Comment**: Major relapse<br>**Plan**: Increase dose of antipsychotic; write script; hold off on hospital admission as patient historically very adherent; return for visit in 1 day<br><br>**Problem 2**: Insomnia<br>**Comment**: Sleep deprivation may have triggered the psychosis relapse<br>**Plan**: Change to a more powerful hypnotic; write script<br><br>**Problem 3**: ADHD<br>**Comment**: Appears stable<br>**Plan**: Continue same dose of non-stimulant medication | MEDICAL DECISION MAKING: *High Complexity* |
| | Prob | **Problem scoring**: 1 established problem, worsening (2); 1 new problem (3); total of 5 = *Extensive* | **Problem scoring**: 1 established problem, stable (1); 2 established problems, worsening (2 for each problem = 4); total of 5 = *Extensive* | |
| | Data | **Data scoring**: Obtain history from other (2); total of 2 = *Limited* | **Data scoring**: None = *Minimal* | |
| | Risk | **Risk scoring**: Chronic illness with severe exacerbation; and Illness that poses a threat to life = *High* | **Risk scoring**: Chronic illness with severe exacerbation = *High* | |

# Path 2: Choosing the E/M Code Based on the Elements cont.

- Medical Providers should train by reading the CPT Manual (see additional training resources at conclusion of presentation) and by attending trainings such as these webinars:
  - http://www.aacap.org/cs/business_of_practice/reimbursement_for_practitioners
  - http://www.apaeducation.org/ihtml/application/student/interface.apa/index.htm

## Medication Support: RN/LVN/Psych Tech only **(Not an add-on)**

### 369 Meds Management by RN/LVN/Psych Tech's Only

This procedure code was developed for RN's and LVN's who provide medication management but who can not bill Medicare. Medi-Cal billable only.

- This code should be used when doing medication injections and providing medication support
  - **Face-to-Face and Non Face-to-Face**
- The expectation is that time spent would be 15-30 minutes. If service is provided beyond 30 minutes, the documentation must support that level of service.

## Medication Support: Medical Providers (MD, DO, NP, PA, CNS) **(Not an add-on)**

- This procedure code was developed for non face-to-face, and therefore non billable to Medicare, Medication Services
  - 367—Medication Training and Support
  - Used ONLY for Non face-to-face services

# Elimination of AB3632 procedure codes

- Most AB 3632 procedure codes—**except for Day Rehab & Day Tx—have** been eliminated beginning with January 2013 dates of service.
- AB 3632/ERHMS now uses the same codes as everyone else—**except for Day Rehab & Day Tx**.
- All children in the ERMHS program must be identified in the ERMHS database maintained by BHCS Children's Specialized Services.

# Contact Us:

- For questions on coding, please contact Quality Assurance at (510)567- 8105
- If you feel that you are missing a procedure code that you are contracted for, that should be included in your RU, please call Provider Relations at (800) 878-1313.
- For Clinicians Gateway questions, Please contact IS at (510)567-8181.
- *For questions regarding your agency contract, please contact the Network Office at (510) 567-8296*

# Training Resources:

## The National Council Resource Page:

- http://www.thenationalcouncil.org/cs/cpt_codes

## The APA Resource Page

- http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/current-procedural-terminology-cpt-code-changes-for-2013

## The AMA

- http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page?
- The AMA app: EM Quickref (android or apple)
- **AMA Webinar - Psychotherapy/Psychiatric Services**: **CPT® 2013 Changes - Psychotherapy/Psychiatric Services**. This one-hour program discusses the changes made in the Psychotherapy/Psychiatric Services coding section.

# Resources:

- *CPT Handbook for Psychiatrists*, American Psychiatric Press Inc., Third Edition, 2004
- American Psychiatric Association: http://www.psych.org
- American Academy of Child & Adolescent Psychiatrists: www.aacap.org
- 1997 Documentation Guidelines for Evaluation and Management Services http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf
- Center for Medicare and Medicaid Services (CMS) http://www.cms.gov/Medicare/Medicare.html?redirect=/home/medicare.asp

# Resources continued:

- AMA Code Book www.amabookstore.com or 1-800-621-8335
- National Council webpage dedicated to the CPT changes with resources such as:
  - 2012-2013 Crosswalk
  - Frequently Asked Questions
  - Free training resources
- *Compliance Watch,* new CPT series
  - www.TheNationalCouncil.org/CS/Compliance_Watch_Newsletter

# HOW TO USE THE TEMPLATES FOR PROGRESS NOTES FOR E/M CODES FOR COUNSELING AND/OR COORDINATION OF CARE

Each template includes the essential documentation required to be included in an inpatient and outpatient progress note when providing an E/M service when the primary service (more than 50% of the service time as defined below) involves counseling and/or coordination of care.

Please note that E/M codes and these templates should never be used when psychotherapy is provided. When psychotherapy is provided, the 908xx psychotherapy codes must be used.

When billing for an E/M service based upon counseling and/or coordination of care, it is imperative that the counseling and/or coordination of care be documented as follows:

- The actual duration of the service time must be included in the progress note. The templates include a specific section to enter the total time.
- For outpatient visits, only face to face time with the patient providing counseling and/or coordination of care constitutes the service time.
- For inpatient visits, the service time includes both face to face patient time and floor time providing counseling and/or coordination of care.
- In addition, a statement must be included in the progress note that: "Greater than 50% of patient face to time spent providing counseling and/or coordination of care" (for outpatient services) or "Greater than 50% of patient time and floor time spent providing counseling and/or coordination of care" (for inpatient services).
- The templates include a statement to be checked off confirming compliance with this requirement.
- The templates also include a place to insert the CPT code selected for the service provided.

The elements of the templates include:

**Interval History**: Include documentation of new history since last visit.

**Interval Psychiatric Assessment/Mental Status Examination**: Update mental status of patient and psychiatric assessment

**Current Diagnosis**: Note the current diagnoses.

**Diagnosis Update**: Note any changes in diagnosis after visit.

**Current Medication(s)/Medication Update**: Update medication and note any changes. A box is included to permit a check off to indicate that no side affects or adverse reactions were noted by the psychiatrist or reported by the patient. If there are side affects or adverse reactions noted or reported, include documentation.

**Counseling Provided**: Circle whether counseling was provided to patient, family and/or caregivers. Check off one or more focuses of counseling and include specific documentation of counseling topics that were checked off.

**Coordination of Care Provided**: Check off one or more individuals with whom coordination of care was provided and then include documentation of specific coordination of care activities checked off.

**Duration**: Insert total session time in minutes. Remember that for outpatient services, only face to face time with the patient may be counted for the total session time, but for inpatient services, the session time include both face to face time with the patient and floor time providing counseling and/or coordination of care.

**CPT Code**: Insert CPT code selected for service provided.

**Greater than 50%**: Check off when counseling and/or coordination of care exceeded 50% of total session time: patient face to face time for outpatient services and floor time plus patient face to face time for inpatient services) involves counseling and/or coordination of care.

**Justification for Continued Stay**: This section is only included in the inpatient note and is intended to comply with the requirements of the NYS Medicaid Program to document medical necessity for continued inpatient psychiatric hospitalization. Check off the appropriate justification/s for the continued stay and include specific documentation in the progress note (use the **Additional Documentation** section) for the justification/s selected. (NYSPA extends appreciation to Barry Perlman, M.D., St. Joseph's Hospital, Yonkers, New York, for this element of the inpatient progress note template.)

Prepared by: Seth P. Stein, Esq., NYSPA Executive Director and General Counsel

# OUTPATIENT/OFFICE PSYCHIATRIC PROGRESS NOTE
# COUNSELING AND/OR COORDINATION OF CARE

**Patient's Name:** _____ **Date of Visit:** _____

**Interval History:** _____

_____

_____

_____

**Interval Psychiatric Assessment/ Mental Status Examination:**

_____

_____

_____

**Current Diagnosis:** _____

**Diagnosis Update:** _____

**Current Medication(s)/Medication Change(s)** – No side effects or adverse reactions noted or reported ☐

_____

_____

**Lab Tests:** Ordered ☐ Reviewed ☐ : _____

_____

**Counseling Provided with Patient / Family / Caregiver (circle as appropriate and check off each counseling topic discussed and describe below:**

☐ Diagnostic results/impressions and/or recommended studies

☐ Risks and benefits of treatment options

☐ Instruction for management/treatment and/or follow-up options

☐ Importance of compliance with chosen treatment

☐ Risk Factor Reduction

☐ Patient/Family/Caregiver Education

☐ Prognosis

_____

_____

_____

_____

_____

_____

**Coordination of care provided (with patient present) with (check off as appropriate and describe below):**

Coordination with: ☐ Nursing ☐ Residential Staff ☐ Social Work ☐ Physician/s ☐ Family ☐ Caregiver

_____

_____

_____

**Additional Documentation (if needed):** _____

_____

_____

**Duration of face to face visit w/patient :** _____ min. **Start Time** _____ **Stop Time** _____ **CPT** _____

**Greater than 50% of face to face time spent providing counseling and/or coordination of care:** ☐



**Psychiatrist's Signature:** _____ **Date:** _____

# INPATIENT PSYCHIATRIC PROGRESS NOTE
# COUNSELING AND/OR COORDINATION OF CARE

**Patient's Name: _____Date of Visit:_____**

**Interval History:** _____

_____

_____

_____

**Interval Psychiatric Assessment/ Mental Status Examination:** _____

_____

_____

_____

**Current Diagnosis: _____**

**Diagnosis Update**: _____

**Current Medication(s)/Medication Change(s)** – No side effects or adverse reactions noted or reported ☐

_____

_____

_____

**Lab Tests:** Ordered ☐ Reviewed ☐ : _____

_____

**Counseling Provided with Patient / Family / Caregiver (circle as appropriate and check off each counseling topic discussed and describe below:**

☐ Diagnostic results/impressions and/or recommended studies ☐ Risks and benefits of treatment options

☐ Instruction for management/treatment and/or follow-up ☐ Importance of compliance with chosen treatment options

☐ Risk Factor Reduction ☐ Patient/Family/Caregiver Education ☐ Prognosis

_____

_____

_____

_____

**Coordination of care provided with (check off as appropriate and describe below):**

Coordination with: ☐ Nursing Staff ☐ Treatment Team ☐ Social Work ☐ Physician/s ☐ Family ☐ Caregiver

_____

_____

_____

_____

**Additional Documentation (if needed):**_____

_____

**Duration of face to face visit with patient and floor time (in minutes)**:_____ **CPT Code** _____

**Greater than 50% of patient time and floor time spent providing counseling and/or coordination of care:** ☐

**Justification for Continued Stay (record must include documentation to support justification for continued stay):**

☐ A. Continued danger to self and/or others.
☐ B. Continued behavior intolerable to patient or society.
☐ C. High probability of A or B recurring if patient were to be discharged, and imminent re-hospitalization likely.
☐ D. Recovery depends on use of modality, but patient unwilling or unable to cooperate.
☐ E. Major change of clinical conditions required extended treatment.
☐ F. Has a general medical condition (other than mental disorder) requiring hospital care and due to psychological aspects, patient cannot be managed as well on non-psychiatric unit.
☐ ALC



**Psychiatrist's Signature**:_____**Date**:_____

# InSyst Procedure Codes

## *Crosswalk: Old Codes to New Codes*

| *Old Codes Prior to 1/1/2013* | | | *Codes Effective 1/1/2013* | | | | *Credentials Approved for Each Code* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OLD InSyst Proc Code | OLD CPT Code Medicare | OLD CPT Code Description | **NEW InSyst Procedure Codes** | **NEW CPT Code Medicare/ INS** | **NEW CPT Code Description** | **Face to Face Time** | MD DO | Lic PhD / PsyD | CNS NP PA | LCSW | LMFT | Intern (Waiv. Reg.) | RHB Couns (MHRS) | Unlic (Adjunct) | RN LVN |
| 321 | | Evaluation | **324** | **96151** | **Behavioral Eval (CFE or approved equivalent)** | | X | X | X | X | X | X | X | X | X |
| 331/433/464 | 90801/90802 | Assessment | **323** | **90791** | **Psychiatric Diag Eval (Assessment)** | | X | X | X | X | X | X | X | X | X |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| | | | **565** | **90792** | **Psych Diag Eval w Medical (Assessment)** | | X | | X | | | | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 351/457 | 90853/90857 | Group Therapy | **456** | **90853** | **GROUP PSYCHOTHERAPY** | | X | X | X | X | X | X | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 371 | | Crisis Intervention | **377** | **90839** | **Crisis Therapy 60 min (aka Crisis Svcs)** | **30-75** | X | X | X | X | X | X | X | X | X |
| | | | **(+) 378** | **90840** | **+ Crisis Therapy ADD 30 min (aka Crisis Svcs)** | **16-45** | | | | | | | | | |
| 341/444/447 | 90804/90810 | Indiv Psy 20-30 min | **441** | **90832** | **Psychotherapy 30 min** | **16-37** | X | X | X | X | X | X | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 341/445/448 | 90806/90812 | INDV PSYCH 45-50 MIN | **442** | **90834** | **Psychotherapy 45 min** | **38-52** | X | X | X | X | X | X | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 341/446/450 | 90808/90814 | INDV PSYCH 75-80 MIN | **443** | **90837** | **Psychotherapy 60 min** | **53 >** | X | X | X | X | X | X | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 463 | 90805 | IND PSY W E&M 20-25 MIN | **E/M (+) 465** | **90833** | **+ PsyThpy with E/M 30 min** | **16-37** | X | | X | | | | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 464 | 90807 | IND PSY W E&M 45-50 MIN | **E/M (+) 467** | **90836** | **+ PsyThpy with E/M 45 min** | **38-52** | X | | X | | | | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 466 | 90809 | IND PSY W E&M 75-80 MIN | **E/M (+) 468** | **90838** | **+ PsyThpy with E/M 60 min** | **53 >** | X | | X | | | | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | **--** | | | | | | | | | |
| 318 | | Collateral Family Therapy | **413** | **90846** | **FAMILY PSYCH WO PATIENT** | | X | X | X | X | X | X | | | |
| | | | **449** | **90847** | **FAMILY PSYCH W PATIENT** | | X | X | X | X | X | X | | | |
| ***New Codes Not in Crosswalk*** | | | | | | | | | | | | | | | |
| | | | **369** | **--** | **Meds Mgmt by RN LVN & PT (f-f & non f-f)** | | | | | | | | | | X |
| | | | **367** | **--** | **Non Face to Face Medication Trng & Support** | | X | | X | | | | | | |

## *Unchanged Codes*

| *Unchanged Codes Prior to 1/1/2013* | | | *Unchanged Codes Effective 1/1/2013* | | | | *Credentials Approved for Each Code* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OLD InSyst Proc Code** | **OLD CPT Code Medicare** | **OLD CPT Code Description** | **NEW InSyst Procedure Codes** | **NEW CPT Code Medicare/ INS** | **NEW CPT Code Description** | **Face to Face Time** | MD DO | Lic PhD / PsyD | CNS NP PA | LCSW | LMFT | Intern (Waiv. Reg.) | RHB Couns (MHRS) | Unlic (Adjunct) | RN LVN |
| 121 | | PHF Contract Day | **121** | | **PHF Contract Day** | | | | | | | | | | |
| 141 | | Crisis Residential Day | **141** | | **Crisis Residential Day** | | | | | | | | | | |
| 165 | | Adult Residential Day | **165** | | **Adult Residential Day** | | | | | | | | | | |

# InSyst Procedure Codes

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 221 | | Crisis Stabilization | **221** | | **Crisis Stabilization** | | | | | | | | | | | |
| 281 | | Day Care Intens Half Day | **281** | | **Day Care Intens Half Day** | | | | | | | | | | | |
| 282 | | Day Care Intens AB3632 Half | **282** | | **Day Care Intens AB3632 Half** | | | | | | | | | | | |
| 285 | | Day Care Intens Full Day | **285** | | **Day Care Intens Full Day** | | | | | | | | | | | |
| 286 | | Day Care Intens Full-AB3632 | **286** | | **Day Care Intens Full-AB3632** | | | | | | | | | | | |
| 291 | | Day Care Rehab Half Day | **291** | | **Day Care Rehab Half Day** | | | | | | | | | | | |
| 292 | | Day Care Rehab Half-AB3632 | **292** | | **Day Care Rehab Half-AB3632** | | | | | | | | | | | |
| 295 | | Day Care Rehab Full Day | **295** | | **Day Care Rehab Full Day** | | | | | | | | | | | |
| 296 | | Day Care Rehab Full-AB3632 | **296** | | **Day Care Rehab Full-AB3632** | | | | | | | | | | | |
| 311 | | Collateral | **311** | | **Collateral** | | X | X | X | X | X | X | X | X | X | |
| 381 | H2017 | Individual Rehabilitation | **381** | | **Individual Rehabilitation** | | X | X | X | X | X | X | X | X | X | |
| 391 | H2017 | Group Rehabilitation | **391** | | **Group Rehabilitation** | | X | X | X | X | X | X | X | X | X | |
| 455 | 90849 | 90849 MULTI FAMILY GRP PSYCH | **455** | **90849** | **90849 MULTI FAMILY GRP PSYCH** | | X | X | X | X | X | X | | | | |
| 456 | 90853 | 90853 GROUP PSYCHOTHERAPY | **456** | **90853** | **90853 GROUP PSYCHOTHERAPY** | | X | X | X | X | X | X | | | | |
| | | | **(+) 491** | **90785** | **+ INTERACTIVE COMPLEXITY** | -- | | | | | | | | | | |
| 581 | | Plan Development | **581** | | **Plan Development** | | X | X | X | X | X | X | X | X | X | |
| 571 | | Brokerage Services | **571** | | **Brokerage Services** | | X | X | X | X | X | X | X | X | X | |
| 413 | 90846 | 90846 FAMILY PSYCH WO PATIENT | **413** | **90846** | **90846 FAMILY PSYCH WO PATIENT** | | X | X | X | X | X | X | | | | |
| 449 | 90847 | 90847 FAMILY PSYCH W PATIENT | **449** | **90847** | **90847 FAMILY PSYCH W PATIENT** | | X | X | X | X | X | X | | | | |
| 415 | 96101 | 96101 PSYCH TESTING | **415** | **96101** | **96101 PSYCH TESTING** | | X | X | X | X | X | X | | | | |
| 417 | 96118 | 96118 NEUROPSYCH TESTING | **417** | **96118** | **96118 NEUROPSYCH TESTING** | | X | X | X | | | | | | | |
| 535 | 96111 | 96111 EXT DEV TEST  INTERP RPT | **535** | **96111** | **96111 EXT DEV TEST  INTERP RPT** | | X | X | X | | | | | | | |
| 498 | | Therapeutic Behavioral Svcs | **498** | | **Therapeutic Behavioral Svcs** | | X | X | X | X | X | X | X | X | X | |

***Unchanged Codes -Continued***

| ***Unchanged Codes Prior to 1/1/2013*** | | | ***Unchanged Codes Effective 1/1/2013*** | | | | ***Credentials Approved for Each Code*** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OLD InSyst Proc Code** | **OLD CPT Code Medicare** | **OLD CPT Code Description** | **NEW InSyst Procedure Codes** | **NEW CPT Code Medicare/ INS** | **NEW CPT Code Description** | **Face to Face Time** | MD DO | Lic PhD / PsyD | CNS NP PA | LCSW | LMFT | Intern (Waiv. Reg.) | RHB Couns (MHRS) | Unlic (Adjunct) | RN LVN |
| 367 | H0034 | Med Trng & Support (non f-f) | **367** | **H0034** | **Med Trng & Support (non f-f)** | | X | | X | | | | | | |
| 545 | 99201 | 99201 E/M NEW OFC SIMPLE 10 MIN | **545** | **99201** | **99201 E/M NEW OFC SIMPLE 10 min** | **1-15** | X | | X | | | | | | |
| 546 | 99202 | 99202 E/M NEW OFC EXP 20 MIN | **546** | **99202** | **99202 E/M NEW OFC EXP 20 min** | **16-25** | X | | X | | | | | | |
| 547 | 99203 | 99203 E/M NEW OFC DETAIL 30 MIN | **547** | **99203** | **99203 E/M NEW OFC DETAIL 30 min** | **26-37** | X | | X | | | | | | |
| 548 | 99204 | 99204 E/M  NEW OFC COMPRE 45 MIN | **548** | **99204** | **99204 E/M  NEW OFC COMPRE 45 min** | **38-52** | X | | X | | | | | | |
| 549 | 99205 | 99205 E/M NEW OFC COM 60 min | **549** | **99205** | **99205 E/M NEW OFC COMPLEX 60 min** | **53 >** | X | | X | | | | | | |
| 641 | 99211 | 99211 E/M EST OP SIMPLE 5MIN | **641** | **99211** | **99211 E/M EST OP SIMPLE 5 min** | **1-7** | X | | X | | | | | | |
| 643 | 99212 | 99212 E/M EST OP PROBFOCUS 10MIN | **643** | **99212** | **99212 E/M EST OP PROBFOCUS 10 min** | **8-12** | X | | X | | | | | | |
| 644 | 99213 | 99213 E/M EST OP EXPANDED 15MIN | **644** | **99213** | **99213 E/M EST OP EXPANDED 15 min** | **13-20** | X | | X | | | | | | |
| 645 | 99214 | 99214 E/M EST OP MOD COMPL 25M | **645** | **99214** | **99214 E/M EST OP MOD COMPL 25 min** | **21-32** | X | | X | | | | | | |
| 646 | 99215 | 99215 E/M EST OP HIGHCOMPL  40M | **646** | **99215** | **99215 E/M EST OP HIGHCOMPL  40 min** | **33 >** | X | | X | | | | | | |

# InSyst Procedure Codes

| *Eliminated Codes* | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***Eliminated Codes Prior to 1/1/2013*** | | | ***Effective 1/1/2013*** | | | | ***Credentials Approved for Each Code*** | | | | | | | | |
| OLD InSyst Proc Code | OLD CPT Code Medicare | OLD CPT Code Description | **NEW InSyst Procedure Codes** | **NEW CPT Code Medicare/ INS** | **NEW CPT Code Description** | **Face to Face Time** | MD DO | Lic PhD / PsyD | CNS NP PA | LCSW | LMFT | Intern (Waiv. Reg.) | RHB Couns (MHRS) | Unlic (Adjunct) | RN LVN |
| 469 | 90862 | 90862 MEDICATION MANAGEMENT | **USE E/M** | | | | X | | X | | | | | | |
| 564 | M0064 | M0064 BRIEF MEDS MGT <15 MIN | **USE E/M** | | | | X | | X | | | | | | |
| 361 | | Medication Support | **MD F-F USE E/M** | | | | X | | X | | | | | | |
| | | | **MD NON F-F 367** | | | | X | | X | | | | | | |
| | | | **RN/LVN 369** | | | | | | | | | | | | X |
| 312 | | Collateral - AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 319 | | Col Family Therapy AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 322 | | Evaluation - Ab3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 332 | | Assessment - AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 342 | | Individual Therapy AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 352 | | Group Therapy AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 362 | | Medication Support AB3632 | **MD F-F USE E/M** | | | | X | | X | | | | | | |
| | | | **MD NON F-F 367** | | | | X | | X | | | | | | |
| | | | **RN/LVN 369** | | | | | | | | | | | | X |
| 372 | | Crisis Intervention-AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 382 | | Individual Rehab - AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 392 | | Group Rehab - AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 572 | | Brokerage Svs-AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |
| 582 | | Plan Development - AB3632 | **NON AB3632 CODE** | | | | | | | | | | | | |

Alameda County Behavioral Health Care Services
CBO Procedure Code Table - Effective with January 2013 Dates of Service
REVISED 2-8-13

| InSyst Proc Code | CPT Code Medicare/ Ins | HCPC CODE Medi-Cal | | E/M | Face To Face | SFC | MD DO | Lic PhD | CNS NP PA | LCSW | MFT | Intern | RHB Coun | Unlic | Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 121 | | H2013 | PHF Contract Day | | | 20 - 29 | | | | | | | | | |
| 141 | | H0018 | Crisis Residential Day | | | 40 - 49 | | | | | | | | | |
| 165 | | H0019 | Adult Residential Day | | | 65 - 79 | | | | | | | | | |
| 221 | | S9484 | Crisis Stabilization | | | 20 - 24 | X | X | X | X | X | X | X | X | X |
| 281 | | H2012 | Day Care Intens Half Day | | | 81 - 84 | | | | | | | | | |
| 282 | | H2012 | Day Care Intens AB3632 Half | | | 81 - 84 | | | | | | | | | |
| 285 | | H2012 | Day Care Intens Full Day | | | 85 - 89 | | | | | | | | | |
| 286 | | H2012 | Day Care Intens Full-AB3632 | | | 85 - 89 | | | | | | | | | |
| 291 | | H2012 | Day Care Rehab Half Day | | | 91 | | | | | | | | | |
| 292 | | H2012 | Day Care Rehab Half-AB3632 | | | 91 | | | | | | | | | |
| 295 | | H2012 | Day Care Rehab Full Day | | | 95 | | | | | | | | | |
| 296 | | H2012 | Day Care Rehab Full-AB3632 | | | 95 | | | | | | | | | |
| 571 | | T1017 | Brokerage Services | | | 01-08 | X | X | X | X | X | X | X | X | X |
| 581 | | H0032 | Plan Development | | | 30 | X | X | X | X | X | X | X | X | X |
| **323** | 90791 | H2015 | 90791 Psychiatric Diag Eval (Init Assmnt) | | | 30 | X | X | X | X | X | X | X | X | X |
| **565** | 90792 | H2010 | 90792 Psych Diag Eval w/medical | | | 60 | X | | X | | | | | | |
| **324** | 96151 | H2015 | 96151 Behavioral Eval (CFE) | | | 30 | X | X | X | X | X | X | X | X | X |
| **441** | 90832 | H2015 | 90832 Psychotherapy 30 min | | 16-37 | 40 | X | X | X | X | X | X | X | X | X |
| **465** | 90833 | H2010 | 90833 + PsyThpy with E/M 30 min | X | 16-37 | 60 | X | | X | | | | | | |
| **442** | 90834 | H2015 | 90834 Psychotherapy 45 min | | 38-52 | 40 | X | X | X | X | X | X | X | X | X |
| **467** | 90836 | H2010 | 90836 + PsyThpy with E/M 45 min | X | 38-52 | 60 | X | | X | | | | | | |
| **443** | 90837 | H2015 | 90837 Psychotherapy 60 min | | 53 > | 40 | X | X | X | X | X | X | X | X | X |
| **468** | 90838 | H2010 | 90838 + PsyThpy with E/M 60 min | X | 53 > | 60 | X | | X | | | | | | |
| 545 | 99201* | H2010 | 99201 E/M NEW OFC SIMPLE 10 MIN | X | 1-15 | 60 | X | | X | | | | | | |
| 546 | 99202* | H2010 | 99202 E/M NEW OFC EXP 20 MIN | X | 16-25 | 60 | X | | X | | | | | | |
| 547 | 99203* | H2010 | 99203 E/M NEW OFC DETAIL 30 MIN | X | 26-37 | 60 | X | | X | | | | | | |
| 548 | 99204* | H2010 | 99204 E/M NEW OFC COMPRE 45 MIN | X | 38-52 | 60 | X | | X | | | | | | |
| 549 | 99205* | H2010 | 99205 E/M NEW OFC COMPLEX 60MIN | X | 53 > | 60 | X | | X | | | | | | |

Alameda County Behavioral Health Care Services
CBO Procedure Code Table - Effective with January 2013 Dates of Service
REVISED 2-8-13

| InSyst Proc Code | CPT Code Medicare/ Ins | HCPC CODE Medi-Cal | | E/M | Face To Face | SFC | MD DO | Lic PhD | CNS NP PA | LCSW | MFT | Intern | RHB Coun | Unlic | Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 641 | 99211 | H2010 | 99211 E/M EST OP SIMPLE 5MIN | X | 1-7 | 60 | X | | X | | | | | | |
| 643 | 99212 | H2010 | 99212 E/M EST OP PROBFOCUS 10MIN | X | 8-12 | 60 | X | | X | | | | | | |
| 644 | 99213 | H2010 | 99213 E/M EST OP EXPANDED 15MIN | X | 13-20 | 60 | X | | X | | | | | | |
| 645 | 99214 | H2010 | 99214 E/M EST OP MOD COMPL 25M | X | 21-32 | 60 | X | | X | | | | | | |
| 646 | 99215 | H2010 | 99215 E/M EST OP HIGHCOMPL 40M | X | 33 > | 60 | X | | X | | | | | | |
| 381 | H2017** | H2017 | Individual Rehabilitation | | | 40 | X | X | X | X | X | X | X | X | X |
| 391 | H2017** | H2017 | Group Rehabilitation | | | 50 | X | X | X | X | X | X | X | X | X |
| **377** | 90839** | H2011 | 90839 Crisis Thpy 60 min | | 30-75 | 70 | X | X | X | X | X | X | | | |
| **378** | 90840** | H2011 | 90840 + Crisis Thpy ADD 30 min | | 16-45 | 70 | X | X | X | X | X | X | | | |
| 311 | | H2015 | Collateral | | | 10 | X | X | X | X | X | X | X | X | X |
| | | | | | | | | | | | | | | | |
| 413 | 90846 | H2015 | 90846 FAMILY PSYCH WO PATIENT | | | 10 | X | X | X | X | X | X | | | |
| 449 | 90847 | H2015 | 90847 FAMILY PSYCH W PATIENT | | | 40 | X | X | X | X | X | X | | | |
| 455 | 90849 | H2015 | 90849 MULTI FAMILY GRP PSYCH | | | 50 | X | X | X | X | X | X | | | |
| 456 | 90853 | H2015 | 90853 GROUP PSYCHOTHERAPY | | | 50 | X | X | X | X | X | X | | | |
| 367 | H0034** | H0034 | Medication Training & Support (non face/face) | | | 60 | X | | X | | | | | | |
| **369** | H2010** | H2010 | Meds Mgmt by RN LVN Only | | | 60 | | | | | | | | | X |
| **491** | 90785 | H2015 | 90785 + INTERACTIVE COMPLEXITY | | | 30 | X | X | X | X | X | X | | | |
| 415 | 96101 | H2015 | 96101 PSYCH TESTING | | | 30 | X | X | X | X | X | X | | | |
| 535 | 96111 | H2015 | 96111 EXT DEV TEST INTERP RPT | | | 30 | X | X | X | | | | | | |
| 417 | 96118 | H2015 | 96118 NEUROPSYCH TESTING | | | 30 | X | X | X | | | | | | |
| 498 | | H2019 | Therapeutic Behavioral Svcs | | | 58 | X | X | X | X | X | X | X | X | X |

**BOLD = NEW JANUARY 2013**

*restricted to 1 every 3yrs
** not billable to Medicare
+ Add-On Code may not be used alone
**Revised 2-8-13**

www.psychiatry.org

# Psychiatric Services
*2012 to 2013 Crosswalk*

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

| 2012 | | | 2013 | | |
|---|---|---|---|---|---|
| **Service** | **CPT Code** | **2013 Status** | **Service** | **CPT Code** | **Report with interactive complexity (+90785)** |
| **Diagnostic** | | | | | |
| Diagnostic interview examination | 90801 | DELETED | Diagnostic evaluation (no medical) | **90791** | When appropriate |
| | | | Diagnostic evaluation with medical | **90792** | |
| Interactive diagnostic interview examination | 90802 | DELETED | Diagnostic evaluation (no medical) | **90791** | Yes |
| | | | Diagnostic evaluation with medical | **90792** | |
| **Psychotherapy** | | | | | |
| Individual psychotherapy 20-30 min | 90804, 90816 | DELETED | Psychotherapy 30 (16-37*) min | **90832** | When appropriate |
| 45-50 min | 90806, 90818 | | 45 (38-52*) min | **90834** | |
| 75-80 min | 90808, 90821 | | 60 (53+*) min | **90837** | |
| Interactive individual psychotherapy 20-30 min | 90810, 90823 | DELETED | 30 (16-37*) min | **90832** | Yes |
| 45-50 min | 90812, 90826 | | 45 (38-52*) min | **90834** | |
| 75-80 min | 90814, 90828 | | 60 (53+*) min | **90837** | |
| **Psychotherapy with E/M (there is no one-to-one correspondence)** | | | | | |
| Individual psychotherapy with E/M, 20-30 min | 90805, 90817 | DELETED | E/M plus psychotherapy add-on | **E/M code** (selected using key components, *not* time) and one of: +**90833** 30 (16-37*) min +**90836** 45 (38-52*) min +**90838** 60 (53+*) min | When appropriate |
| 45-50 min | 90807, 90819 | | | | |
| 75-80 min | 90809, 90822 | | | | |
| Interactive individual psychotherapy with E/M 20-30 min | 90811, 90824 | DELETED | | | Yes |
| 45-50 min | 90813, 90827 | | | | |
| 75-80 min | 90815, 90829 | | | | |
| **Other Psychotherapy** | | | | | |
| (None) | | | Psychotherapy for crisis | **90839, +90840** | No |
| Family psychotherapy | 90846, 90847, 90849 | RETAINED | Family psychotherapy | **90846, 90847, 90849** | No |
| Group psychotherapy | 90853 | RETAINED | Group psychotherapy | **90853** | When appropriate |
| Interactive group psychotherapy | 90857 | DELETED | | | Yes |
| **Other Psychiatric Services** | | | | | |
| Pharmacologic management | 90862 | DELETED | E/M | **E/M code** | No |

*Per CPT Time Rule

www.psychiatry.org

# Interactive Complexity

**Revised 11/3/12**

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

**Definition**

A new concept in 2013, interactive complexity refers to 4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code **90785**.

**Code Type**

Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.

**Replaces**

Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

**Use in Conjunction With**

The following psychiatric "primary procedures":

- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M
- Group psychotherapy, 90853

When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work *intensity* of the psychotherapy service, and does not change the *time* for the psychotherapy service.

**May Not Report With**

- Psychotherapy for crisis (90839, 90840)
- E/M *alone*, i.e., E/M service *not* reported in conjunction with a psychotherapy add-on service
- Family psychotherapy (90846, 990847, 90849)

**Typical Patients**

Interactive complexity is often present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.

**Report 90785**

**When at least one of the following communication factors is present during the visit:**

1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, physical devices, ~~interpreter or translator~~ to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for the purpose of translation or interpretation services" as that may be a violation of federal statute.

---

**Complicating Communication Factor Must Be Present *During* the Visit**

The following examples are ***NOT*** interactive complexity:

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

# ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
# GUIDELINES FOR SCOPE OF PRACTICE

***February 2013***

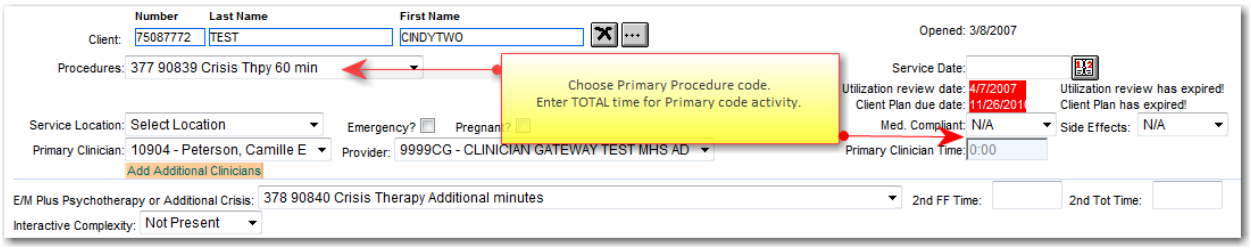
| **SERVICE ACTIVITY** | **LICENSED LPHA:** *Clinical Psychologist (PHD/PSYD), LCSW, LMFT,* | **Medication Prescribers:** MD, DO, NP, CNS, PA | **Registered Nurses** | **UNLICENSED LPHA: (Intern**)** Waivered Psychologist, MFT-I, ASW, | **GRADUATE STUDENT / TRAINEE: (Intern**)** *Students in MH programs: MSW, MA, MS, PHD/PSYD* | **MHRS (RHB Counselor**)** *AA + 6 yrs., BA + 4 yrs., or MA/MS/PHD/ PSYD—in MH or related field but not waivered or registered. Co-sig's recommended.* | **ADJUNCT STAFF (Unlic worker**)** *Program documents qualifications, requires supervision and staff works within scope. Co-sig's recommended.* |
|---|---|---|---|---|---|---|---|
| Assessment | Yes | Yes | No | Yes ^ | Yes # * | No = + | No = + |
| Evaluation (CFE related only) | Yes | Yes | Yes | Yes | Yes # * | Yes = ~ | Yes = ~ |
| Plan Development | Yes | Yes | Yes | Yes | Yes * | Yes = * | Yes = * |
| Individual Rehab | Yes | Yes | Yes | Yes | Yes * | Yes = ~ | Yes = ~ |
| Therapy (Ind / Family) | Yes | Yes | No | Yes | Yes * | No | No |
| Group Therapy | Yes | Yes | No | Yes | Yes * | No | No |
| Group Rehab | Yes | Yes | Yes | Yes | Yes * | Yes = ~ | Yes = ~ |
| Collateral | Yes | Yes | Yes | Yes | Yes * | Yes = ~ | Yes = ~ |
| Medication Services E/M | No | Yes | No | No | No | No | No |
| Psychological Testing | Yes = | Yes = | No | Yes = | Yes=* | No | No |
| Crisis Therapy (Crisis Svcs) | Yes | Yes | Yes= | Yes = | Yes=* | Yes = ~ | Yes = ~ |
| Case Management Brokerage/Linkage | Yes | Yes | Yes | Yes | Yes* | Yes = ~ | Yes = ~ |
| Medication Services RN Only | No | No | Yes | No | No | No | No |

* Requires co-signature by licensed LPHA.
# Cannot provide Dx—report source (including if referral source).
^ Diagnosis may be made but must be co-signed by licensed LPHA.
+ May bill for Assessment—but can only gather and provide assess info.
~ Licensed co-signatures not required—but recommended.
= If within scope of practice and with appropriate training & experience.
**Designation indicates the category on the Staff Master.

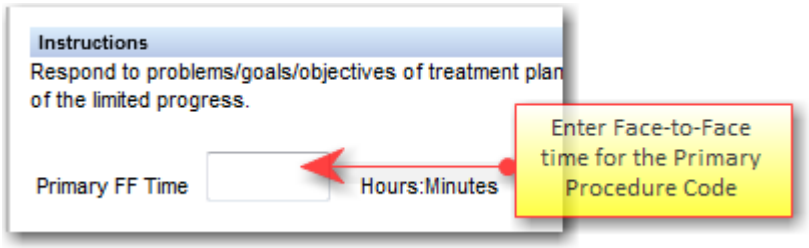
# *CLINICIAN'S GATEWAY*
# *(CPT Codes 2013 : Add-on Codes and Time)*

Procedure codes now exist that are designed to be used in sets, as opposed to a single code per service. Please refer to charting documentation for coding guidelines. Total and Face-to Face times are now recorded for each code.

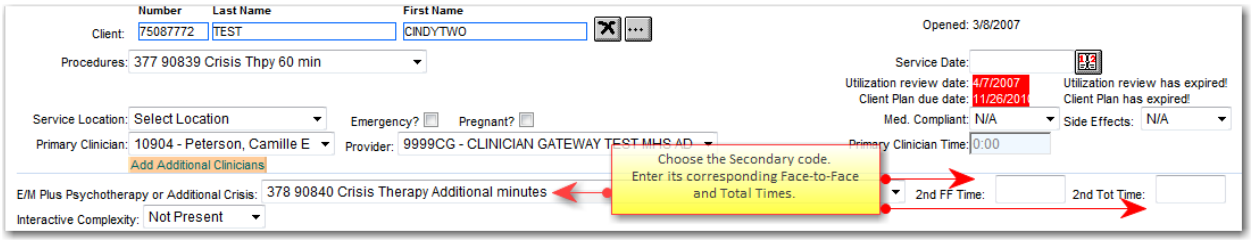
1. When writing a progress note in Clinician's Gateway, first choose the Primary code and enter the total time spent on that activity in the Primary Clinician Time field.

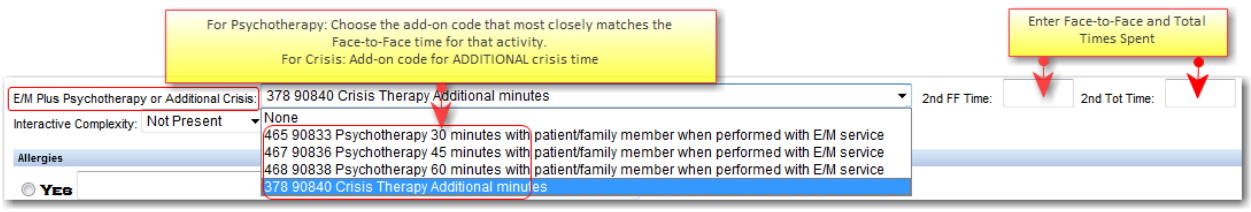



2. Enter the Face-to-Face time in the Primary FF Time field below the "Instructions" line.

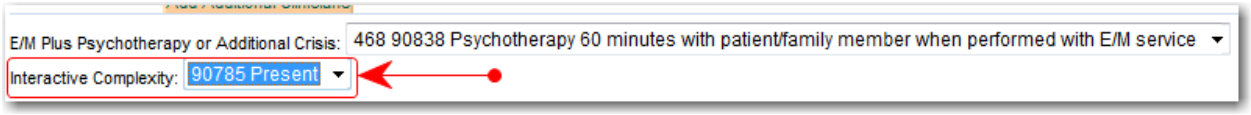



3. Enter the Secondary add-on code and the times spent on that activity in the "E/M Plus Psychotherapy or Additional Crisis" fields. (psycotherapy time or <u>additional</u> crisis time) Enter times into both the 2nd Face-to-Face and Total time fields.

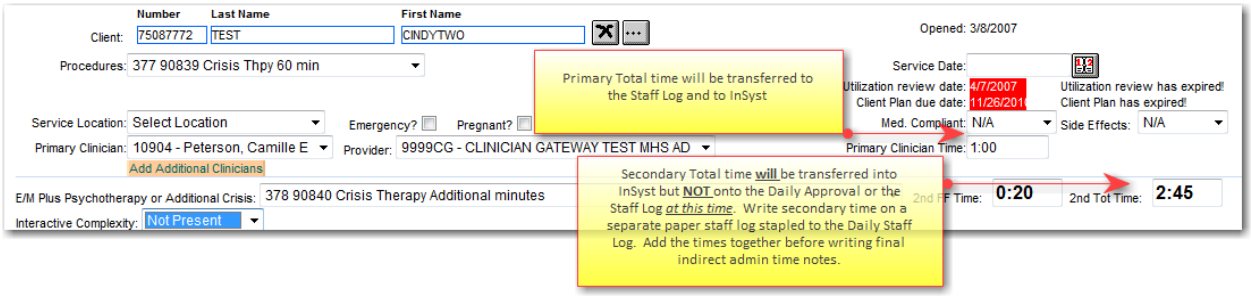


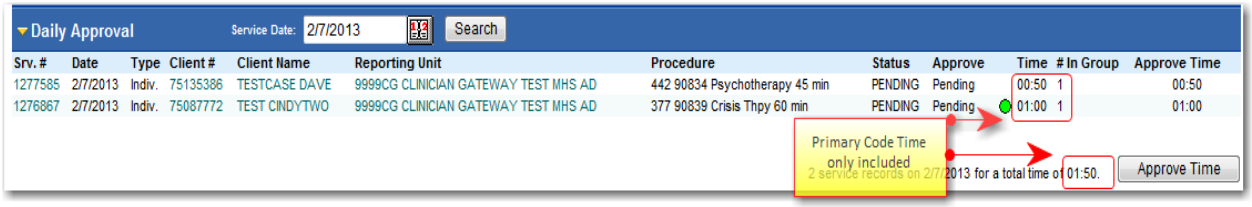
4. Some Procedures allow coding to indicate Interactive Complexity (no time recorded).

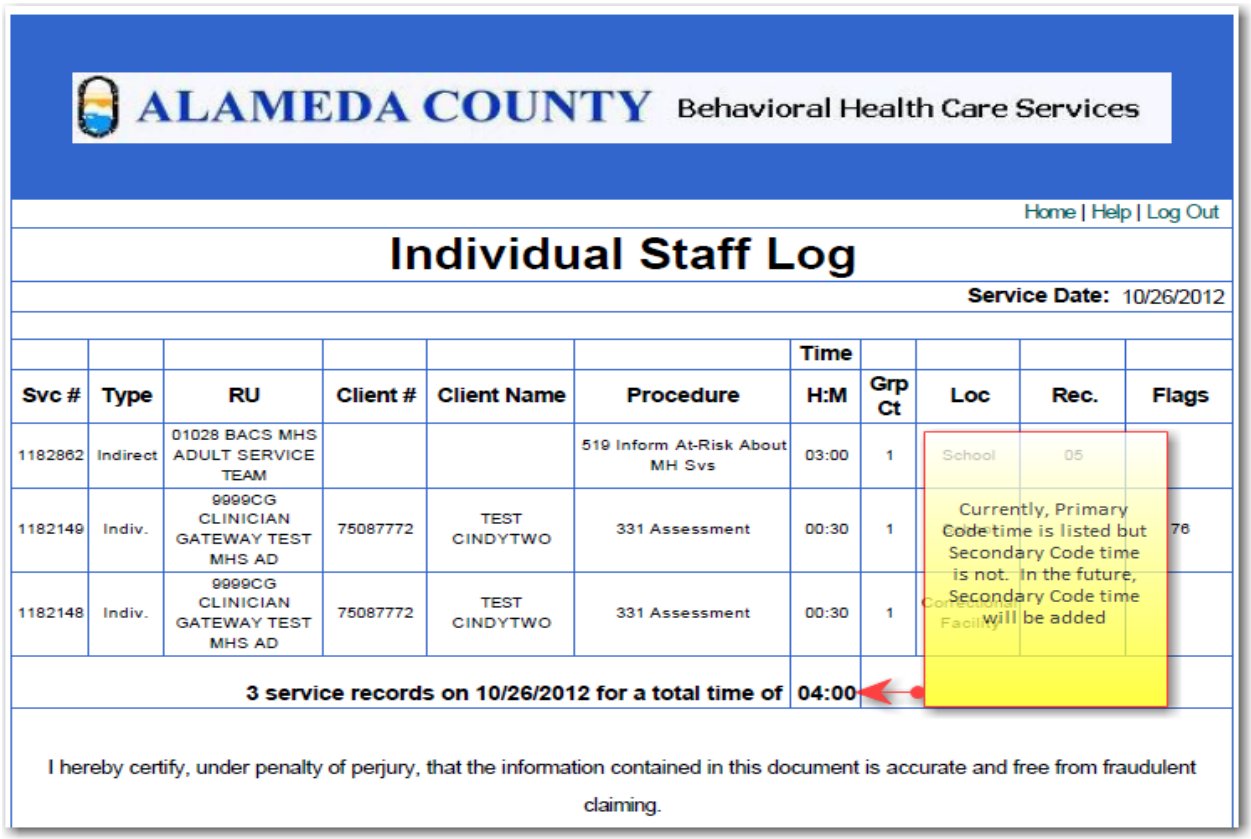



5. Both secondary and Primary Clinician Time will be transferred to InSyst for billing.




6. Only Primary Clinician Time is reported on the Daily Approval and Daily Staff Log at this time. In the future, secondary time will be included.



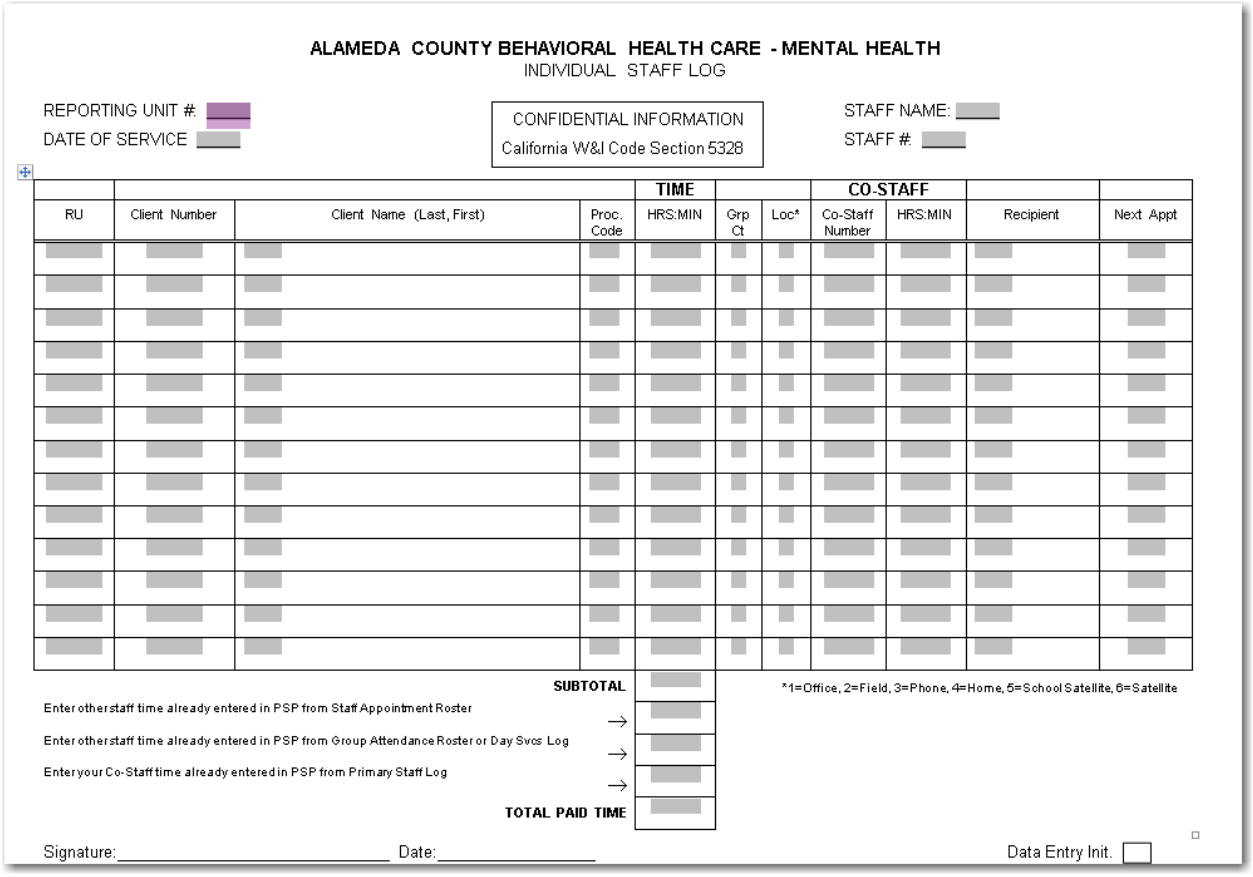



7. **<u>To account for your time currently</u>**:

   - Record the time spent doing the secondary activity on a separate old-style manual paper staff log.
   - Add the times from the 2 logs together to check your daily total time.
   - Add indirect/MAA services as appropriate <u>in Clinician's Gateway</u>.
   - Staple the manual paper staff log to the Clinician's Gateway generated staff log.

In the future, Clinician's Gateway will transfer both Primary and Secondary code times to the Daily Approval and Daily Staff Log, calculating the totals again for you. Thank you for your patience as we work through all of the programming changes required due to the new CPT coding structure.

Image of ACBHCS Staff Log form:



**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE - MENTAL HEALTH**
INDIVIDUAL STAFF LOG

REPORTING UNIT #:
DATE OF SERVICE
CONFIDENTIAL INFORMATION
California W&I Code Section 5328
STAFF NAME:
STAFF #:

| | | | | TIME | | | CO-STAFF | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| RU | Client Number | Client Name (Last, First) | Proc. Code | HRS:MIN | Grp Ct | Loc* | Co-Staff Number | HRS:MIN | Recipient | Next Appt |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | SUBTOTAL | | | | | | | | |

*1=Office, 2=Field, 3=Phone, 4=Home, 5=School Satellite, 6=Satellite

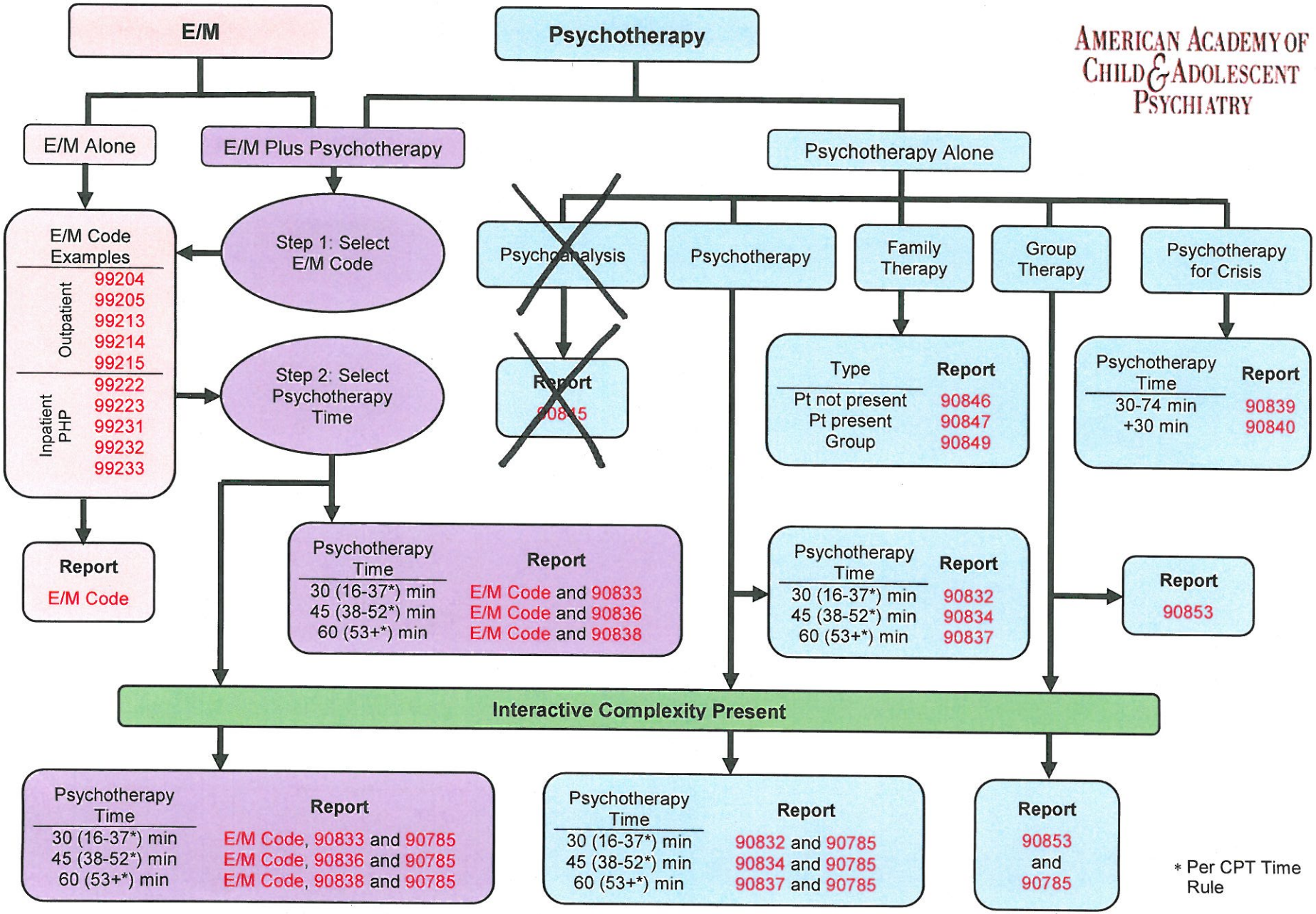
Enter other staff time already entered in PSP from Staff Appointment Roster →
Enter other staff time already entered in PSP from Group Attendance Roster or Day Svcs Log →
Enter your Co-Staff time already entered in PSP from Primary Staff Log →
TOTAL PAID TIME

Signature:_____ Date:_____ Data Entry Init.

# E/M and Psychotherapy Coding Algorithm



AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY




* Per CPT Time Rule

# Evaluation and Management Services Guide

*Coding by Key Components*

American Academy of Child & Adolescent Psychiatry
www.aacap.org

## History

| Chief Complaint (CC) | History of present illness (HPI) | Past, family, social history (PFSH) | Review of systems (ROS) |
|---|---|---|---|
| Reason for the visit | Location; Severity; Timing; Quality; Duration; Context; Modifying Factors; Associated signs and symptoms | Past medical; Family medical; Social | Constitutional; Eyes; Ears, Nose, Mouth, and Throat; Cardiovascular; Respiratory; Genitourinary; Musculoskeletal; Gastrointestinal; Skin/Breast; Neurological; Psychiatric; Endocrine; Hematologic/Lymphatic; Allergic/Immunologic |

| CC | HPI | PFSH | ROS | History Type |
|---|---|---|---|---|
| Yes | *Brief* (1-3 elements or 1-2 chronic conditions) | N/A | N/A | *Problem focused* (PF) |
| | | | *Problem pertinent* (1 system) | *Expanded problem focused* (EPF) |
| | *Extended* (4 elements or 3 chronic conditions) | *Pertinent* (1 element) | *Extended* (2-9 systems) | *Detailed* (DET) |
| | | *Complete* (2 elements (est) or 3 elements (new/initial)) | *Complete* (10-14 systems) | *Comprehensive* (COMP) |

## Examination

| System/body area | Examination |
|---|---|
| Constitutional | • 3/7 vital signs: sitting or standing BP, supine BP, pulse rate and regularity, respiration, temperature, height, weight<br>• General appearance |
| Musculoskeletal | • Muscle strength and tone<br>• Gait and station |
| Psychiatric | • Speech<br>• Thought process<br>• Associations<br>• Abnormal/psychotic thoughts<br>• Judgment and insight<br>• Orientation<br>• Recent and remote memory<br>• Attention and concentration<br>• Language<br>• Fund of knowledge<br>• Mood and affect |

| Examination Elements | Examination type |
|---|---|
| 1-5 bullets | *Problem focused* (PF) |
| At least 6 bullets | *Expanded problem focused* (EPF) |
| At least 9 bullets | *Detailed* (DET) |
| All bullets in Constitutional and Psychiatric (shaded) boxes and 1 bullet in Musculoskeletal (unshaded) box | *Comprehensive* (COMP) |

## Med Dec Making

| Medical Decision Making Element | Determined by |
|---|---|
| Number of diagnoses or management options | Problem points chart |
| Amount and/or complexity of data to be reviewed | Data points chart |
| Risk of significant complications, morbidity, and/or mortality | Table of risk |

### Problem Points

| Category of Problems/Major New symptoms | Points per problem |
|---|---|
| Self-limiting or minor (stable, improved, or worsening) (max=2) | 1 |
| Established problem (to examining physician); stable or improved | 1 |
| Established problem (to examining physician); worsening | 2 |
| New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1) | 3 |
| New problem (to examining physician); additional workup planned* | 4 |

*Additional workup does not include referring patient to another physician for future care

# Evaluation and Management Services Guide

*Coding by Key Components*

American Academy of Child & Adolescent Psychiatry
www.aacap.org

## Medical Decision Making

### Data Points

| Categories of Data to be Reviewed (max=1 for each) | Points |
|---|---|
| Review and/or order of clinical lab tests | 1 |
| Review and/or order of tests in the radiology section of CPT | 1 |
| Review and/or order of tests in the medicine section of CPT | 1 |
| Discussion of test results with performing physician | 1 |
| Decision to obtain old records and/or obtain history from someone other than patient | 1 |
| Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider | 2 |
| Independent visualization of image, tracing, or specimen itself (not simply review report) | 2 |

### Table of Risk

| Level of Risk | Presenting Problem(s) | Diagnostic Procedure(s) Ordered | Management Options Selected |
|---|---|---|---|
| *Minimal* | One self-limited or minor problem | Venipuncture; EKG; urinalysis | Rest |
| *Low* | Two or more self-limited or minor problems;<br>One stable chronic illness;<br>Acute uncomplicated illness | Arterial puncture | OTC drugs |
| *Moderate* | One or more chronic illnesses with mild exacerbation, progression, or side effects;<br>Two or more stable chronic illnesses;<br>Undiagnosed new problem with uncertain prognosis;<br>Acute illness with systemic symptoms | | Prescription drug management |
| *High* | One or more chronic illnesses with severe exacerbation, progression, or side effects;<br>Acute or chronic illnesses that pose a threat to life or bodily function | | Drug therapy requiring intensive monitoring for toxicity |

| | Problem Points | Data Points | Risk | Complexity of Medical Decision Making |
|---|---|---|---|---|
| 2/3 elements must be met or exceeded: | 0-1 | 0-1 | Minimal | *Straightforward* |
| | 2 | 2 | Low | *Low* |
| | 3 | 3 | Moderate | *Moderate* |
| | 4 | 4 | High | *High* |

## CPT Codes

### New Patient Office
(requires 3 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99201 | PF | PF | Straightforward |
| 99202 | EPF | EPF | Straightforward |
| 99203 | DET | DET | Low |
| 99204 | COMP | COMP | Moderate |
| 99205 | COMP | COMP | High |

### Established Patient Office
(requires 2 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99211 | N/A | N/A | N/A |
| 99212 | PF | PF | Straightforward |
| 99213 | EPF | EPF | Low |
| 99214 | DET | DET | Moderate |
| 99215 | COMP | COMP | High |

### Initial Hospital/PHP
(requires 3 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99221 | DET | DET | Straightforward |
| 99222 | COMP | COMP | Moderate |
| 99223 | COMP | COMP | High |

### Subsequent Hospital/PHP
(requires 2 of 3)

| CPT Code | History | Exam | MDM |
|---|---|---|---|
| 99231 | PF | PF | Straightforward |
| 99232 | EPF | EPF | Moderate |
| 99233 | DET | DET | High |

www.psychiatry.org

# Evaluation and Management (E/M) Patient Examples

*Office, Established Patient*



AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

## IMPORTANT

The sample progress notes below meet criteria for the specified E/M code, but do ***not*** necessarily meet criteria for the multiple other purposes (e.g., clinical, legal) of documentation. For illustration, the documentation meets requirements specified by the codes for the exact levels of each of the 3 key components. In practice, criteria for these codes may be met by documenting only 2 of 3 of the key components at or above the level required by the code.

**SERVICES SHOULD ALWAYS BE MEDICALLY NECESSARY.**

| **99213** | | ***Office visit for a 9-year-old male, established patient, with ADHD. Mild symptoms and minimal medication side effects.*** | ***Office visit for a 27-year-old female, established patient, with stable depression and anxiety. Intermittent moderate stress.*** | |
|---|---|---|---|---|
| **HISTORY** | CC | 9-year-old male seen for follow up visit for ADHD. Visit attended by patient and mother; history obtained from both. | 27-year-old female seen for follow up visit for depression and anxiety. Visit attended by patient. | **HISTORY:** *Expanded Problem Focused* |
| | HPI | Grades are good (associated signs and symptoms) but patient appears distracted (quality) in class (context). Lunch appetite poor but eating well at other meals.<br>**HPI scoring**: 3 elements = *Brief* | Difficulty at work but coping has been good. Minimal (severity) situational sadness (quality) and anxiety when stressed (context).<br>**HPI scoring**: 3 elements = *Brief* | |
| | PFSH | N/A | N/A | |
| | ROS | Psychiatric: denies depression, anxiety, sleep problems<br>**ROS scoring**: 1 system = *Problem-pertinent* | Psychiatric: no sadness, anxiety, irritability<br>**ROS scoring**: 1 system = *Problem-pertinent* | |
| **EXAM** | Const | Appearance: appropriate dress, comes to office easily | Appearance: appropriate dress, appears stated age | **EXAM:** *Exp. Problem Focused* |
| | MS | N/A | N/A | |
| | Psych | Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate<br>**Examination scoring**: 6 elements = *Expanded problem-focused* | Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate; Judgment and insight: good<br>**Examination scoring**: 7 elements = *Expanded problem-focused* | |
| **MEDICAL DECISION MAKING** | | **Problem 1**: ADHD<br>**Comment**: Relatively stable; mild symptoms<br>**Plan**: Renew stimulant script and increase dose; Return visit in 2 months | **Problem 1**: Depression<br>**Comment**: Stable<br>**Plan**: Renew SSRI script at the same dose; Return visit in 3 months<br>**Problem 2**: Anxiety<br>**Comment**: Stable<br>**Plan**: Same dose of SSRI | **MEDICAL DECISION MAKING:** *Low Complexity* |
| | Prob | **Problem scoring**: 1 established problem, stable (1); total of 1 = *Minimal* | **Problem scoring**: 2 established problems, stable (1 for each = 2); total of 2 = *Limited* | |
| | Data | **Data scoring**: Obtain history from someone other than patient (2); total of 2 = *Limited* | **Data scoring**: None = *Minimal* | |
| | Risk | **Risk scoring**: Chronic illness with mild exacerbation, progression, or side effects; and Prescription drug management = *Moderate* | **Risk scoring**: Two stable chronic illnesses; and Prescription drug management = *Moderate* | |

# Evaluation and Management (E/M) Patient Examples

| **99214** | ***Office visit for a 13-year-old male, established patient, with depression, anxiety, and anger outbursts.*** | ***Office visit for a 70-year-old male, established patient, with stable depression and recent mild forgetfulness.*** | |
|---|---|---|---|
| **HISTORY** CC | 13-year-old male seen for follow up visit for mood and behavior problems. Visit attended by patient and father; history obtained from both. | 70-year-old male seen for follow up visit for depression. Visit attended by patient and daughter; history obtained from both. | **HISTORY:** *Detailed* |
| HPI | Patient and father report increasing (timing), moderate (severity) sadness (quality) that seems to be present only at home (context) and tends to be associated with yelling and punching the walls (associated signs and symptoms) at greater frequency, at least once per week when patient frustrated. Anxiety has been improving and intermittent, with no evident trigger (modifying factors).<br>**HPI scoring**: 6 elements = *Extended* | Patient and daughter report increasing distress related to finding that he has repeatedly lost small objects (e.g., keys, bills, items of clothing) over the past 2-3 months (duration). Patient notices intermittent (timing), mild (severity) forgetfulness (quality) of people's names and what he is about to say in a conversation. There are no particular stressors (modifying factors) and little sadness (associated signs and symptoms).<br>**HPI scoring**: 6 elements = *Extended* | |
| PFSH | Attending 8th grade without problem; fair grades<br>**PFSH scoring**: 1 element: social = *Pertinent* | Less attention to hobbies<br>**PFSH scoring**: 1 element: social = *Pertinent* | |
| ROS | Psychiatric: no problems with sleep or attention;<br>Neurological: no headaches<br>**ROS scoring**: 2 systems = *Extended* | Psychiatric: no problems with sleep or anger;<br>Neurological: no headaches, dizziness, or weakness<br>**ROS scoring**: 2 systems = *Extended* | |
| **EXAM** Const | Appearance: appropriate dress, appears stated age | Appearance: appropriate dress, appears stated age | **EXAM:** *Detailed* |
| MS | N/A | Muscle strength and tone: normal | |
| Psych | Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: good; Mood and affect: euthymic and full and appropriate ; Judgment and insight: good<br>**Examination scoring**: 9 elements = *Detailed* | Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: unable to focus on serial 7s; Mood and affect: euthymic and full and appropriate;<br>Recent and remote memory: mild struggle with telling history and remembered 1/3 objects<br>**Examination scoring**: 10 elements = *Detailed* | |
| **MEDICAL DECISION MAKING** | **Problem 1**: Depression<br>**Comment**: Worsening; appears associated with lack of structure<br>**Plan**: Increase dose of SSRI; write script; CBT therapist; Return visit in 2 weeks<br><br>**Problem 2**: Anxiety<br>**Comment**: Improving<br>**Plan**: Patient to work with therapist on identifying context<br><br>**Problem 3**: Anger outbursts<br>**Comment**: Worsening; related to depression but may represent mood dysregulation<br>**Plan**: Call therapist to obtain additional history; consider a mood stabilizing medication if no improvement in 1-2 months | **Problem 1**: Depression<br>**Comment**: Stable; few symptoms<br>**Plan**: Continue same dose of SSRI; write script<br>Return visit in 1 month<br><br>**Problem 2**: Forgetfulness<br>**Comment**: New; mildly impaired attention and memory<br>**Plan**: Brain MRI; consider referral to a neurologist if persists | **MEDICAL DECISION MAKING:** *Moderate Complexity* |
| Prob | **Problem scoring**: 2 established problems, worsening (2 for each problem = 4); 1 established problem, improving (1); total of 5 = *Extensive* | **Problem scoring**: 1 established problem, stable (1); 1 new problem with additional workup (4); total of 5 = *Extensive* | |
| Data | **Data scoring**: Obtain history from other (2); Decision to obtain history from other (1); total of 3 = *Multiple* | **Data scoring**: Order of test in the radiology section of CPT (1); Obtain history from other (2); total of 3 = *Multiple* | |
| Risk | **Risk scoring**: One or more chronic illnesses with mild exacerbation, progression; and Prescription drug management = *Moderate* | **Risk scoring**: Undiagnosed new problem with uncertain prognosis; and Prescription drug management = *Moderate* | |

## Evaluation and Management (E/M) Patient Examples

| **99215** | ***Office visit for an established adolescent patient with history of bipolar disorder treated with lithium; seen on urgent basis at family's request because of severe depressive symptoms.*** | ***Office visit for a 25-year-old male, established patient with a history of schizophrenia, who has been seen bi-monthly but is complaining of auditory hallucinations.*** | |
|---|---|---|---|
| **HISTORY** CC | 17-year-old male seen for urgent visit for depression. Visit attended by patient and parents; history obtained from all 3. | 25-year-old male seen for follow up visit for schizophrenia. Visit attended by patient. | **HISTORY:** *Comprehensive* |
| HPI | Patient doing well until 2 days ago (timing) when, for no apparent reason (context), he refused to leave his bed and appeared extremely (severity) and continuously depressed (quality); he is sleeping more and eating little (associated signs and symptoms).<br><br>**HPI scoring**: 5 elements = *Extended* | The patient reports doing well until 1 week ago (duration) when he stayed up all night to finish a term paper (context). He has slept poorly (severity) since (timing) and, 2 days ago, began hearing fairly continuous voices (quality) telling him that people plan to shoot him. Attention and organization were good up until this past week (associated signs and symptoms).<br><br>**HPI scoring**: 6 elements = *Extended* | |
| PFSH | Stopped attending school; family history of suicide is noted from patient's initial evaluation<br><br>**PFSH scoring**: Family and social (2 elements) = *Complete* | Doing well in third year of graduate school. Chart notes no family psychiatric history.<br><br>**PFSH scoring**: Family and social (2 elements) =*Complete* | |
| ROS | Psychiatric: no problems with anxiety or anger; Neurological: no headaches; All other systems reviewed and are negative.<br><br>**ROS scoring**: All systems = *Complete* | Psychiatric: denies symptoms of depression or mania; Neurological: no headaches; All other systems reviewed and are negative.<br><br>**ROS scoring**: All systems = *Complete* | |
| **EXAMINATION** Const | VS: BP (sitting) 120/70, P 90 and regular, R 20; Appearance: appropriate dress, appears stated age | VS: BP (sitting) 115/70, P 86 and regular, Ht 5'10", Wt 180 lbs; Appearance: appropriate dress, appears stated age | **EXAMINATION:** *Comprehensive* |
| MS | Gait and station: normal | Gait and station: normal | |
| Psych | Speech: sparse and slow; Thought process: logical; Associations: intact; Thought content: hopelessness, thinks of suicide, no HI or psychotic symptoms; Orientation: x 3; Attention and concentration: impaired; Mood and affect: depressed and constricted; Judgment and insight: poor; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases<br><br>**Examination scoring**: All elements of constitutional and psychiatric and 1 element of musculoskeletal = *Comprehensive* | Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: auditory hallucinations and paranoid ideation, no SI/HI; Orientation: x 3; Attention and concentration: impaired; Mood and affect: euthymic and full and appropriate; Judgment and insight: good; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases<br><br>**Examination scoring**: All elements of constitutional and psychiatric and 1 element of musculoskeletal = *Comprehensive* | |
| **MEDICAL DECISION MAKING** | **Problem 1**: Bipolar disorder<br>**Comment**: Major relapse<br>**Plan**: Continue current dose of Lithium for the moment<br><br>**Problem 2**: Suicidality<br>**Comment**: New<br>**Plan**: Refer to hospital; confer with hospitalist once patient is admitted | **Problem 1**: Psychosis<br>**Comment**: Major relapse<br>**Plan**: Increase dose of antipsychotic; write script; hold off on hospital admission as patient historically very adherent; return for visit in 1 day<br><br>**Problem 2**: Insomnia<br>**Comment**: Sleep deprivation may have triggered the psychosis relapse<br>**Plan**: Change to a more powerful hypnotic; write script<br><br>**Problem 3**: ADHD<br>**Comment**: Appears stable<br>**Plan**: Continue same dose of non-stimulant medication | **MEDICAL DECISION MAKING:** *High Complexity* |
| Prob | **Problem scoring**: 1 established problem, worsening (2); 1 new problem (3); total of 5 = *Extensive* | **Problem scoring**: 1 established problem, stable (1); 2 established problems, worsening (2 for each problem = 4); total of 5 = *Extensive* | |
| Data | **Data scoring**: Obtain history from other (2); total of 2 = *Limited* | **Data scoring**: None = *Minimal* | |
| Risk | **Risk scoring**: Chronic illness with severe exacerbation; and Illness that poses a threat to life = *High* | **Risk scoring**: Chronic illness with severe exacerbation = *High* | |

Medical screening including the history, examination, and medical decision-making are required to determine the need and/or location for appropriate care and treatment of the patient (eg, office and other outpatient setting, emergency department, nursing facility). The levels of evaluation and management (E/M) services encompass the wide variations in skill, effort, time, responsibility, and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health.

### How to Use This Quick Reference Guide

The descriptors for the levels of many of the E/M services recognize seven components, six of which are used in defining the levels of E/M services. The first three of these components (history, examination, and medical decision-making) are considered the **key** components and are required in selecting a level of E/M services. The next three components (counseling, coordination of care, and the nature of the presenting problem) are considered **contributory** factors in the majority of encounters. Although the first two of these contributory factors are important E/M services, it is not required that these services be provided during every patient encounter. The final component—time—is discussed in detail in the E/M Guidelines of *CPT® 2013*.

The tables contained within this guide summarize the requirements for reporting E/M services. The Pediatric and Neonatal Critical, Intensive, and Subsequent Care Codes have also been added to the listing of code families, with tabular illustrations of the requirements for reporting these services. Note:The E/M guidelines and the full code descriptors provided in the *CPT® 2013* codebook are essential elements in determining final code selection.

### Contents of This Guide


1. Office or Other Outpatient Services (New Patient)
2. Office or Other Outpatient Services (Established Patient)
3. Initial Observation Care
4. Subsequent Observation Care
5. Initial Hospital Care
6. Subsequent Hospital Care
7. Observation or Inpatient Care Services (Including Admission and Discharge Services)
8. Office or Other Outpatient Consultations
9. Inpatient Consultations
10. Emergency Department Services
11. Initial Nursing Facility Care
12. Subsequent Nursing Facility Care
13. Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services (New Patient)
14. Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services (Established Patient)
15. Home Services (New Patient)
16. Home Services (Established Patient)
17. Initial Inpatient Neonatal and Pediatric Critical Care
18. Subsequent Inpatient Neonatal and Pediatric Critical Care
19. Initial Neonatal Intensive Care
20. Continuing Neonatal and Infant Inpatient Low Birth-Weight Intensive Care
21. Critical Care Time Reporting




## Office or Other Outpatient Services

**Patient:** New

**Required Components:** 3/3

| Code | 99201 | 99202 | 99203 | 99204 | 99205 |
|---|---|---|---|---|---|
| **Required Key Components** | | | | | |
| **History and Exam (#1 and #2)** | | | | | |
| Problem-Focused | X | | | | |
| Expanded Problem-Focused | | X | | | |
| Detailed | | | X | | |
| Comprehensive | | | | X | X |
| **Medical Decision Making (Complexity) (#3)** | | | | | |
| Straightforward | X | X | | | |
| Low | | | X | | |
| Moderate | | | | X | |
| High | | | | | X |
| **Contributory Factors** | | | | | |
| **Presenting Problem (Severity) (#1)** | | | | | |
| Self-limited or Minor | X | | | | |
| Low to Moderate | | X | | | |
| Moderate | | | X | | |
| Moderate to High | | | | X | X |
| **Counseling (#2)** See E/M Guidelines | | | | | |
| **Coordination of Care (#3)** See E/M Guidelines | | | | | |
| **Typical Face-to-Face Time (#4)** | | | | | |
| Minutes | 10 | 20 | 30 | 45 | 60 |

Table 1

## Office or Other Outpatient Services

**Patient:** Established

**Required Components:** 2/3

| Code | 99211 | 99212 | 99213 | 99214 | 99215 |
|---|---|---|---|---|---|
| **Required Key Components** | | | | | |
| **History and Exam (#1 and #2)** | | | | | |
| Problem-Focused | N/A | X | | | |
| Expanded Problem-Focused | | | X | | |
| Detailed | | | | X | |
| Comprehensive | | | | | X |
| **Medical Decision Making (Complexity) (#3)** | | | | | |
| Straightforward | N/A | X | | | |
| Low | | | X | | |
| Moderate | | | | X | |
| High | | | | | X |
| **Contributory Factors** | | | | | |
| **Presenting Problem (Severity) (#1)** | | | | | |
| Minimal | X | | | | |
| Self-Limited or Minor | | X | | | |
| Low to Moderate | | | X | | |
| Moderate to High | | | | X | X |
| **Counseling (#2)** See E/M Guidelines | | | | | |
| **Coordination of Care (#3)** See E/M Guidelines | | | | | |
| **Typical Face-to-Face Time (#4)** | | | | | |
| Minutes | 5 | 10 | 15 | 25 | 40 |

Table 2

# Medical Staff Evaluation and Management Note

| Client: | | Client No: | Age: | Diagnosis: |
|---|---|---|---|---|
| Date: | Staff: | Billing Code: | Time in: | Time out: |

**Chief Complaint (Reason for Visit):**

**History of Present Illness (Describe location, duration, severity, context, associated signs, quality, modifying factors, meds)**

Status of Chronic Medical/Co-Morbid Illness

**For Review of Systems, indicate + or - findings:**

| ROS | Systemic | ENT | Eyes | Lymph | Resp | CV | GI |
|---|---|---|---|---|---|---|---|
| + | | | | | | | |
| - | | | | | | | |
| ROS | GU | Skin | MS | Endo | Neuro | Psych | Allergy |
| + | | | | | | | |
| - | | | | | | | |

Explain positive responses:

**PFSH (Past medical, family medical, and social history):**

| Reviewed PH: | Reviewed FH: | Reviewed SH: | |
|---|---|---|---|

Since last visit, changes in PFSH:

# Elements Reviewed:

**Examination**

| Ht: | Wt: | BP: | BMI: |
|---|---|---|---|

General Appearance:

| Musculoskeletal | Psychiatric | |
|---|---|---|
| Gait,station: | Orientation | Mood |
| | Attention | Affect |
| Strength, tone: | Concentration | Thought content |
| | Language | Thought process |
| Neurological: | Fund of knowledge | Associations |
| | Judgement | Speech |
| | Recent memory | Remote memory |

Dangerousness Risk Assessment:

| | |
|---|---|
| Abnormal Findings: | |
| Other Pertinent Findings and Lab Work Reviewed: | # Elements Reviewed: |
| Counseling and Care Coordination (describe): | Time spent: |
| Prescription(s) Written: | |
| Informed Consent: | |
| Labs/Other workup ordered: | |

**Assessment and Plan:**

| Diagnoses | | Impression/Formulation |
|---|---|---|
| Aixs I: | | |
| Axis II: | | |
| Axis III: | | |
| Axis IV: | | |
| AXIS V (GAF): | | |

Plan (by diagnosis):

Follow up:

| Signature/Credentials | Date |
|---|---|