

CPT Code and Evaluation and
Management Training
A Training for Medical Staff at
Master Contract Provider
Organizations
March 15, 2013
Handouts

CPT Code & E/M Training for Medical Providers

(Psychiatrists, Advance Practice Nurses & Physician Assistants)

ACBHCS QA 3.2013

AGENDA

- Overarching CPT Code Changes for 2013
- Evaluation & Management Codes
- Initial Psychiatric Diagnostic Procedures
- E/M New & Established clients
- Two Paths to E/M Selection (Time or Elements)
- Counseling and Coordination of Care E/M
- Medical Necessity and General Principles of Documentation
- Add-on Codes (Psychotherapy, Crisis, Interactive Complexity)
- RN/LVN/Psych Tech Code 369
- Psychiatrists, APN, PA non face-to-face Code 367
- Q&A
- Resources

HANDOUTS

- **Section 1: CPT Code & E/M Training – Counseling/Coord. of Care**
 - CPT E/M Codes: New Coding Options
 - Counseling & Coordination Progress Note Templates
 - Interactive Complexity Info Sheet
 - CPT Code Changes FAQ
 - InSyst Master Code Sheet
 - CPT Code Sheet: Crosswalk, Unchanged, New & Deleted Codes
 - Handout for Clinician Gateway Electronic Health Record users from IS
 - Guidelines for Scope of Practice
- **Section 2: E/M Trainings based on Complexity**
 - The National Council: E/M 102
 - AACAP Introduction to E/M Coding (Part 1 & 2)
- **Section 3 Additional Helpful Hand-outs and Readings**

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.

2013 Modified Psychiatry Code Categories

- **Diagnostic evaluation**
- **Evaluation and management (E/M)**
- Psychotherapy
- Psychotherapy add-on
- Interactive complexity add-on

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

Changed/New Medical Provider Codes

Old	New	CPT	Description
331/332* 433/434	323 565	90791 90792	Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation with Medical Services
321/322*	324	96151	Behavioral Evaluation (CFE—usually not Medical Providers)
341/342* 444/447	441 +465	90832 + 90833	Psychotherapy: 30 minutes Psychotherapy add-on to E/M
341/342* 445/448	442 +467	90834 + 90836	Psychotherapy: 45 minutes Psychotherapy add-on to E/M
341/342* 446/450	443 +468	90837 + 90838	Psychotherapy: 60 minutes Psychotherapy add-on to E/M
371/372*	377	90839	Crisis Therapy : 60 Minutes
new	378	+ 90840	Crisis Therapy: each additional 30 Minutes
	641- 643-46	99211- 99215	E/M Established outpatient Visit
new	369	N/A	Meds Management RN/LVN only
new	367	---	Non Face-to-Face Meds Management
new	491	+ 90785	Interactive Complexity add-on (such as for 565-90792)

* Eliminated AB3632 Codes.

Psychiatric Diagnostic Evaluation Procedure Codes: 565-90792

- 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 565-90792 cont.

- What's the Difference?
- 565--90792: an **initial evaluation with medical activities** are documented:
 - Other physical examination elements as indicated
 - Prescription of medications
 - Review and ordering of laboratory or other [medical] diagnostic studies
- Medical thinking
 - Note that this is not specified in the code description, but represents intent during the code development process

Psychiatric Diagnostic Evaluation Procedure Codes 565-90792 cont.

- **Medical Thinking**
- Medical thinking is likely the main component that differentiates an evaluation by a psychiatrist, APN, or PA from one by a non medical provider
- Includes *consideration* of:
 - Medical history and comorbidities
 - Medications prescribed by others
 - Further medical work up
 - Medical treatments
 - Integration of signs and symptoms from a medical standpoint
- Document what you do!

Psychiatric Diagnostic Evaluation Procedure Codes 565-90792 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.

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 (inpatient)
 - 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--46/99211—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-specialty*
 - who belongs to the same group practice (same TIN),
 - **Either a specific CBO, or**
 - **any of the ACBHCS County Owned & Operated Clinics**
 - 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 **Time**
 - Counseling and Coordination of Care are 50% or > of time.
 - The only exception to this if you are using an add on psychotherapy code, 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 are based on time.**

- PATH TWO

- Basing the code on the **Elements**
 - 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.

- **> 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.

- Document:
 - Length of time of the encounter and of the time spent in counseling and coordination of care
 - **AND the counseling and/or coordination of care activities**

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 (1—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 and 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, Rationalizing and Reframing
Instructions for management (treatment) and/or follow-up	Anticipatory Guidance, Reducing and Preventing Anxiety Naming the Problem Advice and Teaching
Importance of compliance with chosen management (treatment) options	Expanding the client's Awareness
Risk factor reduction	Naming the Problem Expanding the Client's Awareness 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 client.**
- *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 2 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 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

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 (required in Medicare Progress Note) codes reported should be supported.

Risk Management: How Are You Selecting Codes?

- **CAUTION!**
 - “We’re going to instruct our people to only use 645-99214 for established client visits.”
 - “Our back office staff will select the codes after reviewing the documentation.”

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

- **Choosing Level of E/M Based on Time:**

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 (extent of) documentation support that more than half of the total time was counseling or coordinating of care?		

Note. If all answers are yes, select level based on time.

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

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.thenationalcouncil.org/cs/cpt_codes
 - [http://www.aacap.org/cs/business_of_practice/reimbursement for practitioners](http://www.aacap.org/cs/business_of_practice/reimbursement_for_practitioners)
 - <http://www.apaeducation.org/ihtml/application/student/interface.apa/index.htm>

outpatient/OFFICE PSYCHIATRIC PROGRESS NOTE
COUNSELING AND/OR COORDINATION OF CARE

client'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 client / Family / Caregiver (circle as appropriate and circle 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 client/Family/Caregiver Education Prognosis

Coordination of care provided (with client present) with (circle all 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/client: _____ min. Start Time _____ Stop Time _____ CPT Code _____

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

Psychiatrist's Signature: _____ Date: _____

Choosing the Individual Psychotherapy (including add-on's) and Crisis Procedure Codes Based on Actual Time Spent in Session

- See actual time (f-f or client contact time) to select code below.
- A unit of time is attained when the mid-point of the time period is passed.
- **Always bill exact number of minutes.**

Procedure Code: Therapy	CPT Code	Typical Time Period (minutes)	Actual/F-F Time (minutes)
441/+465	90832/+90833	30	16-37
442/+467	90834/+90836	45	38-52
443/+468	90837/+90838	60	53-beyond
377	90839	60	1-75
+378	+90840	+30	16-45

Claiming for Services in Clinician's Gateway EHR:

- Established client seen for 12" and documentation time was 5".
Total Time = 17"
- Choose code based on face-to-face time (or contact time for phonework).
 - 643-99212 E/M Est OP Prob Focus 10 min (8-12")
- Enter actual face-to-face time into "Primary Face Time" field:
 - 12"
- Then enter Total Time into "Primary Clinician Time" field:
 - 17"

Warning: It is imperative that you select the code based on the face-to-face time & not the total time or Medicare will consider it fraudulent.

Claiming for Services for Direct Entry Into InSyst:

- Established client seen for 12" and documentation time was 5".
Total Time = 17"
- Choose code based on face-to-face time (or contact time for phonework).
 - 643-99212 E/M Est OP Prob Focus 10 min (8-12")
- Enter Total Time:
 - 17"

Warning: It is imperative that you select the code based on the face-to-face time & not the total time or Medicare will consider it fraudulent.

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—aka intervention)*
- *Added service (interactive complexity and individual psychotherapy add-on)*
- *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:

- 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)

Service Entry, Individual

Welcome: R. ANTHONY SANDERS-PFEIFER

Service #: New Title: Clinician's Progress Note

Client: 75087772 LAST FIRST CINDYTWO

Procedures: 371 Crisis Intervention

Service Location: Select Location Emergency? ☐ Pregnant? ☐

Primary Clinician: 14219 - SANDERS-PFEIFER, R. ANTHONY Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD Primary Clinician Time: 1:00

E/M Plus Psychotherapy or Additional Crisis: None

Interactive Complexity: Not Present

Allergies

☐ YES ☒ NO ☐ UNKNOWN

No NEW ALLERGIES REPORTED

peanuts from adult assessment [10/26/2012: Peterson, Camille E]
dust mites from child assessment [10/26/2012: Peterson, Camille E]
shellfish from phys assessment [10/25/2012: Peterson, Camille E]

Instructions

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Primary FF Time: 0:45 Hours:Minutes

Services were provided in English

by ☐ interpreter or ☐ clinician

Axis I 296.44 Axis II 799.9 Axis III 305.80 Axis IV J Axis V 000

Presenting Problem(s)

Previous Entries: (Select Note)

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 = 76" (1:55)
DOC/TRAVEL TIME = 60" (1:00) TOTAL TIME = 175" (2:55)

Service Entry, Individual

Welcome: R. ANTHONY SANDERS-PFEIFER

Service #: New Title: Clinician's Progress Note

Client: 75087772 TEST CINDYTWO

Procedures: 371 Crisis Intervention

Service Date: 3/12/2013

Utilization review date: 4/7/2007

Client Plan due date: 11/26/2010

Primary Clinician Time: 1:00

2nd FF Time: 0:55

2nd Tot Time:

Primary FF Time: 1:55

Interactive Complexity: Not Present

Allergies

YES NO UNKNOWN

peanuts from adult assessment [10/26/2012: Peterson, Camille E]
dust mites from child assessment [10/26/2012: Peterson, Camille E]
shellfish from phys assessment [10/25/2012: Peterson, Camille E]

Instructions

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Primary FF Time: 1:00

Hours:Minutes

Services were provided in English

by interpreter or clinician

Episode Diagnosis Information

Axis I	Axis II	Axis III	Axis IV	Axis V
296.44	799.9	305.80	J	000

Presenting Problem(s)

Previous Entries: (Select Note)

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

Refers to specific communication factors *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 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 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 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 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 Compl Add-on (+) in CG

Browser: http://cg/CG/serviceentry/IndivSvcEdit.aspx?SERVICE_NUMBEI Clinician's Gateway ... x

File Edit View Favorites Tools Help

Google Search Share More » Sign In

ALCOWEB Administration 2000 Emb... Clinician's Gateway versio... Breach Notification Rule Department of Mental He...

Welcome: **Kyree Klimist** Home Help Log Out

Service #: 1267229 Title: Clinician's Progress Note

Client: Number: Last Name: First Name:

Procedures:

Service Date: Utilization review date: Client Plan due date:

Service Location: Emergency? ☐ Pregnant? ☐ Med. Compliant: Side Effects:

Primary Clinician: Provider: Primary Clinician Time:

E/M Plus Psychotherapy or Additional Crisis: Time: **Interactive Complexity:**

90785 Present

Allergies

☐ YES **NKA** ☒ NO ☐ UNKNOWN

☐ NO NEW ALLERGIES REPORTED

Instructions

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Face To Face Time: Hours:Minutes Services were provided in:

by ☐ interpreter or ☐ clinician

Episode Diagnosis Information

Axis I	Axis II	Axis III	Axis IV	Axis V
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Presenting Problem(s) Previous Entries: (Select Note)

Documenting Add-On (+) Codes

- Medicare/CMS requires that add-on (+) codes are indicated in the chart note.
- When documenting for an add-on (+) code, be sure that the note content reflects the service and/or time frame of the add-on (+).

Medication Support: RN/LVN only (Not an add-on)

369-Meds Management by RN/LVN/PT 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.
- The expectation is that time spent would be 15-30 minutes. *If service is provided beyond 30 minutes, the documentation must emphasize the need for 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

- *All AB3632 procedure codes (except Day Tx/Rehab codes) have been eliminated beginning with January 2013 dates of service.*
- *AB 3632/ERHMS now uses the same codes as non-AB3632/ERHMS (except Day Tx codes).*
- 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 should be included in your RU (per contract), 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*

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

SECTION 1: COUNSELING AND COORDINATION OF CARE

Click links below:

1. CPT E/M CODES: NEW CODING OPTIONS
2. PROGRESS NOTE TEMPLATES
3. INTERACTIVE COMPLEXITY
4. CPT CODE CHANGES FAQ
- 5.INSYST MASTER CODE SHEET
6. CPT CODE CROSSWALK
7. CLINCIAN'S GATEWAY USERS CPT GUIDE
8. SCOPE OF PRACTICE GUIDELINES

CPT E/M Codes: New Coding Options for Psychiatrists

INTRODUCTION

This memorandum will focus on the impact of significant enhancements announced by CMS in June, 2006, to the Work Relative Value Units assigned to certain CPT[®] Evaluation & Management Codes (99xxx)¹ effective January 1, 2007. These enhanced Evaluation & Management codes will have substantially higher Medicare reimbursement than comparable psychiatry codes. Psychiatrists can use these enhanced Evaluation & Management codes for Medicare services provided in office and in hospital instead of psychiatry codes. Use of these enhanced Evaluation & Management codes requires familiarity with CPT[®] coding and documentation requirements and the special rules regarding providing counseling and/or coordination of care as the primary Evaluation & Management service.

BACKGROUND

The changes in the Work RVU resulted from recommendations from the AMA Relative Value Update Committee (RUC). The RUC recommended and CMS approved increases in 35 E&M codes. Of potential importance to psychiatrists are the increases to RVUs for the following E/M services:

- | | |
|------------------------|--|
| • 99205 | Office visit for a new patient |
| • 99213, 99214 & 99215 | Office visit for an established patient |
| • 99222, 99223 | Initial Hospital Care |
| • 99232 & 99233 | Hospital visits for established patients |
| • 99243, 99244 & 99245 | Office consultations |
| • 99253, 99254 & 99255 | Initial inpatient consultation |

These proposed increases in the RVUs for these codes are significant for psychiatry for the following reasons:

- these E/M codes in 2007 will have significantly higher RVU values and, therefore, higher Medicare reimbursement than certain key psychiatric codes - 90805, 90807, 90817, 90819 and 90862
- these E/M codes with higher reimbursement may be an appropriate alternative coding option for psychiatrists when properly documented
- these E/M codes may also be used when billing health plans other than Medicare.

¹ CPT 2007, American Medical Association 2006. CPT[®] is published annually by the AMA. CPT 2007 can be purchased from AMA at www.amapress.com or by calling 1-800-621-8335

Because of the statutory requirement for budget neutrality, CMS implemented a 10% reduction in the Work RVU for all 7,700 CPT[®] codes to offset the proposed reimbursement increases in Medicare payments for the targeted E/M codes. This RVU reduction was imposed on all psychiatric codes – none of which received an RVU enhancement. CMS is also phasing in an adjustment in the Practice Expense RVU which will also adversely affect psychiatric codes. Finally, although Congress did take action to prevent a 5% reduction in the Medicare Conversion Factor (a result of problems in the statutory algorithm used to determine the annual update), Congress merely rolled the 2006 conversion factor forward for 2007 with no cost-of-living adjustment.

IMPACT OF THE E/M RVU ENHANCEMENTS AND THE REDUCTIONS IN THE PSYCHIATRIC FEES

Psychiatric fees in 2007 will drop in all settings – by an average of 9% for inpatient and outpatient hospital services and by an average of 6% for office visits. The key E/M management codes targeted for enhanced Work RVUs will increase in all settings by as much as 12%. A review of the fee schedules that follow this memorandum will demonstrate why psychiatrists may wish to consider a change in coding for Medicare services.

The substantial decreases in Medicare reimbursement for every psychiatric code (908xx) and the substantial increases in key office and hospital E/M will have the same impact whether a psychiatrist is participating or non-participating in Medicare and will impact the Medicare limiting charge to the same degree.

WHEN IS IT APPROPRIATE TO USE THESE E/M CODES INSTEAD OF THE 908xx CODES?

Normally, under CPT[®], in order to bill for each successive higher level E&M code in a specific series (e.g., office visit for an established patient 99211-99215), a physician must document that the higher level of service in question involved a higher level of history obtained, examination performed, and the complexity of medical decision-making. The time values assigned to E/M codes in CPT[®] are included only as a guidance, but never as the basis for selecting the proper level of E/M code for billing purposes.

However, there is one exception where the level of E/M code for billing purposes is determined solely by the duration of the service provided and without regard to the intensity or complexity of the patient's psychiatric problem:

“When counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter (face-to-face in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), the time may be considered the key or controlling factor to quality for a

particular level of E/M services. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting locum parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.”

Thus, if a psychiatrist provides counseling and/or coordination and medical management and more than 50% of the time spent was counseling and/or coordination of care, then in that case, the total time spent with patient is the sole controlling factor for selecting the proper E/M code.

A few examples:

- If a psychiatrist spends 45 minutes in the office providing counseling, mental status assessment and medication management and the counseling portion of the visit was at least 22½ minutes, then a psychiatrist may properly code the visit as a 99215.
- In the above example, if the total time was 25 minutes with more than 50% counseling, then the visit may be coded as a 99214.
- If a psychiatrist sees a patient in the hospital, provides counseling to the patient, mental status evaluation, medication evaluation, and coordination of care with a nurse and a family member, attends a treatment team meeting and the total floor and patient face-to-face time was 25 minutes of which more than 50% was counseling and/or coordination of care, then a psychiatrist may properly code the visit as a 99232.
- In the above example, if the total floor time (face-to-face patient time plus time spent on floor with staff, other physicians, treatment team, social worker, patient’s family) was 35 minutes with more than 50% counseling, then the visit may be coded as 99233.

WHAT IS COUNSELING FOR PURPOSES OF E/M CODES?

CPT® defines counseling as follows:

Counseling is a discussion with a patient and/or family concerning one or more of the following areas:

- *Diagnostic results, impressions, and/or recommended diagnostic studies*
- *Prognosis*
- *Risks and benefits of management (treatment) options*
- *Instructions for management (treatment) and/or follow-up*
- *Importance of compliance with chosen management (treatment) options*

- *Risk factor reduction*
- *Patient and family education*

Although CPT[®] considers “counseling” as separate and distinct from psychotherapy, psychiatrists typically include counseling (as defined in CPT[®]) as part of their regular treatment – especially with patients in the hospital, but also in their offices and in the outpatient clinic. Many of the components of supportive psychotherapy may be considered as overlapping with counseling. In *Introduction to Supportive Psychotherapy* part of the *Core Competencies in Psychotherapy Series* published by the American Psychiatric Press, Inc., the authors define supportive psychotherapy from the perspective of both the therapist’s objectives and the patient’s goals:

“ . . . the therapist’s objectives – to maintain or improve the patient’s self-esteem, to minimize or prevent recurrence of symptoms, and to maximize the patient’s adaptive capacities . . . the patient’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 . . . ”²

Again, these components and elements of supportive psychotherapy closely track the elements of “counseling” offered in the CPT[®]³.

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, Rationalizing and Reframing
Instructions for management (treatment) and/or follow-up	→	Anticipatory Guidance, Reducing and Preventing Anxiety Naming the Problem Advice and Teaching
Importance of compliance with chosen management (treatment) options	→	Expanding the Patient’s Awareness
Risk factor reduction	→	Naming the Problem Expanding the Patient’s Awareness Advice and Teaching

² Winston, A. Rosenthal, R & Pinsker, H., *Introduction to Supportive Psychotherapy*, American Psychiatric Press, Inc. 2004, p. 1

³ The author extends his appreciation to Richard N. Rosenthal, M.D., one of the co-authors of *Introduction to Supportive Psychotherapy* for his assistance in reviewing and revising this chart.

Patient and family education



Praise,
Encouragement,
Advice and Teaching,
Naming the Problem

Of course, the above chart merely demonstrates some aspects of the correlation between supportive psychotherapy and counseling. Documentation of the counseling component of the evaluation and management services can appropriately focus on these components and elements of supportive psychotherapy that track as counseling.

WHAT IS COORDINATION OF CARE FOR PURPOSES OF E/M CODES?

There is no explicit definition or elaboration of coordination of care in CPT®. However, coordination of care would typically include interactions with family members, other physicians treating the patient, hospital staff including social worker, nurses, treatment team. The focus of coordination of care is typically management of patient's non-psychiatric medical problems, discharge planning, interaction with family members. Obviously, coordination of care occurs primarily in an inpatient setting. For office services, coordination of care typically includes collaboration with social service agencies, case managers, family members, assistance with SSI, SSDI benefit issues, insurance carriers. However, for office services, coordination of care must be provided during the patient face-to-face time in order to count towards the E/M time requirement. On the other hand, for inpatient services, coordination of care is part of floor time and care can be provided without the patient being present and still counts toward the E/M time requirement.

PROPER DOCUMENTATION WHEN CODING AN E/M SERVICE BASED UPON COUNSELING AND/OR COORDINATION OF CARE

The key to using E/M codes by a psychiatrist is proper documentation. When a psychiatrist selects an E/M code based upon counseling and/or coordination of care, the session note must include the following:

- a statement of the total time spent during the visit, e.g., "Total time: 25 minutes" (face-to-face with patient for office, outpatient and floor time & patient time for hospital)
- a statement that "More than 50% of the visit included counseling and/or coordination of care."
- documentation of the specific nature of the counseling and/or coordination of care
- documentation of medical/medication management both in office and in hospital.

Thus, documentation of an inpatient visit based upon counseling and/or coordination of care would typically include the following elements: interval history, interval mental status, medication management, counseling, coordination of care and a clear statement that “counseling and Coordination of care >50% of total floor/patient time of 25 minutes” for a 99232 inpatient visit. Documentation of an office or outpatient department visit would typically contain documentation of the same elements, but with the following statement: counseling and coordination of care >50% of total of 40 minutes spent with patient for a 99215 office visit. The Medicare Primer posted on the NYSPA website includes sample vignettes and session notes illustrating circumstances when coding of an E/M service based upon counseling and/or coordination of care would be appropriate.

The NYSPA website includes documentation templates for both inpatient and outpatient E/M services when billing for counseling and coordination of care as the predominant service and instructions for using the templates (E/M Visit Template – Inpatient Psych Note, E/M Template – Outpatient Psych Note, and E/M Template Guidelines).

USING E/M CODES INSTEAD OF CODE 90801

A review of the 2007 fee schedule reveals drastic reductions in code 90801 (initial diagnostic interview) in all settings. Psychiatrists may wish to consider using E/M codes in lieu of 90801. In an inpatient unit, the E/M codes for the highest level of initial hospital care (99223) have significantly higher reimbursement than 90801 (34% higher). However, use of 99223 requires documentation of a comprehensive history, comprehensive examination and medical decision making of high complexity. Total patient-bedside and floor time will average 70 minutes.

Similarly, consideration could be given to using 99205 in an outpatient department or an office instead of 90801. 99205 has the same documentation requirements as 99223 (i.e., comprehensive history, comprehensive examination and medical decision making of high complexity), but averages 60 minutes patient/family face-to-face time.

USING CONSULTATION CODES INSTEAD OF CODE 90801

Consultation codes may not be freely substituted for a 90801. CMS has recently re-confirmed that consultation codes can only be used in response to a specific request from another treating provider and requires a written report to the requesting provider. In the case of group practices or shared medical records (e.g., inpatient chart) a written entry in the patient’s chart is sufficient. A consultation code may not be used for a patient-initiated consultation or when the patient is merely referred by another provider for evaluation and possible treatment, but the referring provider does not request a consultation report. A formal consultation may be followed by treatment without affecting the status of the consultation. Traditional E/M documentation is required for all

consultation codes (e.g., comprehensive history, comprehensive examination and medical decision making of high complexity for the highest level consultation code).

CONCLUSION

The appropriate use of E&M codes instead of the psychiatric codes (908xx) may be an important option for psychiatrists to consider when treating patients covered under the Medicare program. Medicare reimbursement changes effective in 2007 offer psychiatrists the opportunity to enhance reimbursement by switching from psychiatric codes to E&M codes when clinically justified and with appropriate documentation.

Dated: January 16, 2008

Prepared by Seth P. Stein

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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
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**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:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Diagnostic results/impressions and/or recommended studies | <input type="checkbox"/> Risks and benefits of treatment options | |
| <input type="checkbox"/> Instruction for management/treatment and/or follow-up options | <input type="checkbox"/> Importance of compliance with chosen treatment | |
| <input type="checkbox"/> Risk Factor Reduction | <input type="checkbox"/> Patient/Family/Caregiver Education | <input type="checkbox"/> 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: ☐

**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:

- | | |
|--|---|
| <input type="checkbox"/> Diagnostic results/impressions and/or recommended studies | <input type="checkbox"/> Risks and benefits of treatment options |
| <input type="checkbox"/> Instruction for management/treatment and/or follow-up | <input type="checkbox"/> Importance of compliance with chosen treatment options |
| <input type="checkbox"/> Risk Factor Reduction | <input type="checkbox"/> Patient/Family/Caregiver Education |
| | <input type="checkbox"/> 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



Interactive Complexity

Revised 11/3/12

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, 90847, 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

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 statute".

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

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
318		H2015	Collateral Family Therapy			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

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							

<i>Unchanged Codes</i>															
<i>Unchanged Codes Prior to 1/1/2013</i>			<i>Unchanged Codes Effective 1/1/2013</i>				<i>Credentials Approved for Each Code</i>								
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													

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.

This screenshot shows the top section of the Clinician's Gateway form. A yellow callout box points to the 'Procedures' dropdown menu, which currently shows '377 90839 Crisis Thpy 60 min'. The callout text reads: 'Choose Primary Procedure code. Enter TOTAL time for Primary code activity.' Other fields visible include Client (75087772 TEST), First Name (CINDYTWO), Service Date (3/8/2007), and Primary Clinician Time (0:00).

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

This screenshot shows the 'Instructions' section of the form. A yellow callout box points to the 'Primary FF Time' field, which is currently empty. The callout text reads: 'Enter Face-to-Face time for the Primary Procedure Code'. The field is labeled 'Hours:Minutes'.

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

This screenshot shows the bottom section of the Clinician's Gateway form. A yellow callout box points to the 'E/M Plus Psychotherapy or Additional Crisis' dropdown menu, which currently shows '378 90840 Crisis Therapy Additional minutes'. The callout text reads: 'Choose the Secondary code. Enter its corresponding Face-to-Face and Total Times.' Another yellow callout box points to the '2nd FF Time' and '2nd Tot Time' fields, with the text: 'Enter Face-to-Face and Total Times Spent'. The dropdown menu is open, showing a list of codes including '465 90833 Psychotherapy 30 minutes with patient/family member when performed with E/M service', '467 90836 Psychotherapy 45 minutes with patient/family member when performed with E/M service', '468 90838 Psychotherapy 60 minutes with patient/family member when performed with E/M service', and '378 90840 Crisis Therapy Additional minutes'.

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

E/M Plus Psychotherapy or Additional Crisis: 468 90838 Psychotherapy 60 minutes with patient/family member when performed with E/M service

Interactive Complexity: **90785 Present**

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

Client: 75087772 TEST CINDYTWO

Procedures: 377 90839 Crisis Thpy 60 min

Service Location: Select Location

Primary Clinician: 10904 - Peterson, Camille E

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

Primary Clinician Time: 1:00

2nd FF Time: 0:20

2nd Tot Time: 2:45

E/M Plus Psychotherapy or Additional Crisis: 378 90840 Crisis Therapy Additional minutes

Interactive Complexity: Not Present

Primary Total time will be transferred to the Staff Log and to InSyst

Secondary Total time will be transferred into InSyst but NOT onto the Daily Approval or the Staff Log at this time. Write secondary time on a separate paper staff log stapled to the Daily Staff Log. Add the times together before writing final indirect admin time notes.

- 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.

▼ Daily Approval Service Date: 2/7/2013

Srv. #	Date	Type	Client #	Client Name	Reporting Unit	Procedure	Status	Approve	Time	# In Group	Approve Time
1277585	2/7/2013	Indiv.	75135386	TESTCASE DAVE	9999CG CLINICIAN GATEWAY TEST MHS AD	442 90834 Psychotherapy 45 min	PENDING	Pending	00:50	1	00:50
1276867	2/7/2013	Indiv.	75087772	TEST CINDYTWO	9999CG CLINICIAN GATEWAY TEST MHS AD	377 90839 Crisis Thpy 60 min	PENDING	Pending	01:00	1	01:00

Primary Code Time only included 2 service records on 2/7/2013 for a total time of 01:50. Approve Time

ALAMEDA COUNTY Behavioral Health Care Services

Home | Help | Log Out

Individual Staff Log

Service Date: 10/26/2012

Svc #	Type	RU	Client #	Client Name	Procedure	Time	Grp Ct	Loc	Rec.	Flags
1182862	Indirect	01028 BACS MHS ADULT SERVICE TEAM			519 Inform At-Risk About MH Svs	03:00	1	School	05	
1182149	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	331 Assessment	00:30	1			76
1182148	Indiv.	9999CG CLINICIAN GATEWAY TEST MHS AD	75087772	TEST CINDYTWO	331 Assessment	00:30	1			

3 service records on 10/26/2012 for a total time of 04:00

Currently, Primary Code time is listed but Secondary Code time is not. In the future, Secondary Code time will be added.

I hereby certify, under penalty of perjury, that the information contained in this document is accurate and free from fraudulent claiming.

7. **To account for your time currently:**

- 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 in Clinician's Gateway.
- 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 # 		CONFIDENTIAL INFORMATION California W&I Code Section 5328				STAFF NAME: 					
DATE OF SERVICE 						STAFF # 					
RU	Client Number	Client Name (Last, First)	Proc. Code	TIME		Grp Ct		CO-STAFF		Recipient	Next Appt
				HRS:MIN			Loc*	Co-Staff Number	HRS:MIN		
											
											
											
											
											
											
											
											
											
											
											
											
SUBTOTAL											
Enter other staff time already entered in PSP from Staff Appointment Roster				→		*1=Office, 2=Field, 3=Phone, 4=Home, 5=School Satellite, 6=Satellite					
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. □					

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES GUIDELINES FOR SCOPE OF PRACTICE

February 2013

SERVICE ACTIVITY	LICENSED LPHA: <i>Clinical Psychologist (PHD/PSYD), LCSW, LMFT,</i>	Medication Prescribers: MD, DO, NP, CNS, PA	Registered Nurses	UNLICENSED LPHA: (Intern**) Waivered Psychologist, MFT-I, ASW,	GRADUATE STUDENT / TRAINEE: (Intern**) <i>Students in MH programs: MSW, MA, MS, PHD/PSYD</i>	MHRS (RHB Counselor**) <i>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.</i>	ADJUNCT STAFF (Unlic worker**) <i>Program documents qualifications, requires supervision and staff works within scope. Co-sig's recommended.</i>
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.**