CPT Code Training: From the Old to the New

ACBHCS QA 4.2013

Overarching Themes

- Three methods described for documenting codes (know when an explanation applies to your staff):
 - In Clinician's Gateway—County EHR
 - In Paper Chart
 - In InSyst
- Now documentation is uniform—no longer chart differently for specific insurance/payor (e.g.. Medi-Cal vs. Medicare).
- E/M Codes are specific to Medical Providers:
 - Psychiatrists (MD, DO)
 - Advance Practice Nurses (APN: NP and CNS)
 - Physician Assistants (PA)

AGENDA

Why we are doing this training

HANDOUTS

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

CPT Codes vs. HCPC vs. Procedure Codes

- 3 Types of Codes:
 - **InSyst three digit Procedure Codes are used by our providers for service entry.** These procedure codes translate into HCPC or CPT codes when BHCS bills the service.
 - CPT codes are used by Medicare and commercial insurance for billing.
 - HCPC Codes are used by Medi-Cal for billing (behind the scenes)
- You must use both the 3 digit InSyst (County)

 Procedure codes and the 5 digit CPT codes in your documentation.
 - If there is not an associated CPT code (such as Rehab Svcs), just use the 3 digit InSyst code.

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

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

Deleted Procedure Codes

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

Retained Procedure Codes

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

New or Revised InSyst/CPT Codes

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

^{*} Eliminated AB3632 Codes.

Psychiatric Diagnostic Evaluation Procedure Codes: 323—90791, 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: 323—90791, 565—90792 Cont.

- Reporting Psychiatric Diagnostic Procedures
 - Each Psychiatric Diagnostic Codes <u>may be reported only once per day</u> (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).
 - Diagnostic evaluation for child with child.
 - 2. Diagnostic evaluation for child with caretaker.
 - Use the same codes, for later reassessment, as indicated.

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

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

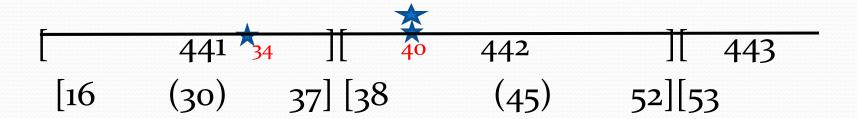
Choosing the non E/M Codes (Psychotherapy & Crisis): Based on F-F Time Spent in Session

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

Procedure Code: Therapy	CPT Code	Typical Time Period (minutes)	Actual/F-F Time (minutes)
441	90832	30" Psychotherapy	16-37"
442	90834	45" Psychotherapy	38-52"
443	90837	6o" Psychotherapy	53"-beyond
377	90839	60" Crisis Therapy	30-75"
+ 378	+ 90840	Each Additional 16 - 45" Crisis Therapy	16-45"

Time Spent in Session: examples

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



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

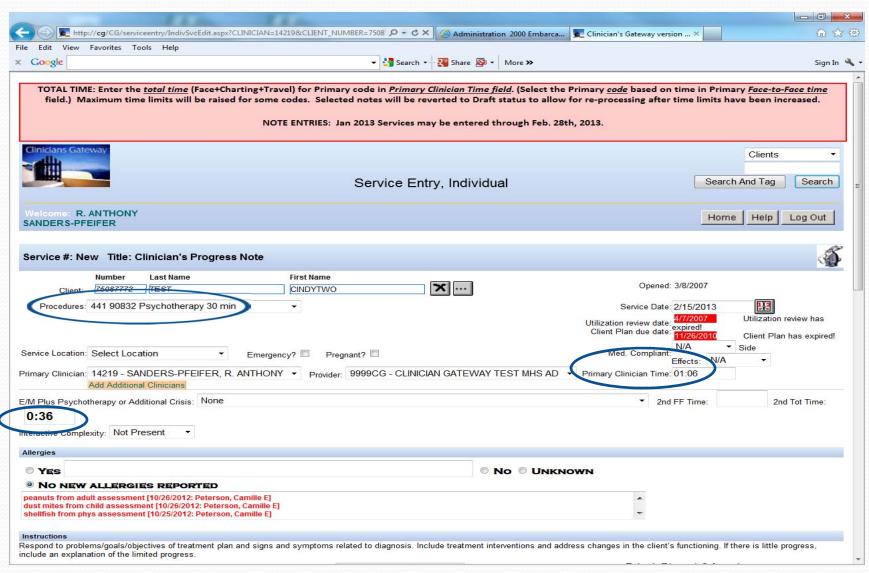
Psychotherapy: 36" f-f time, 10" doc. time, and 20" travel time. Total time = 66". (1:06)

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

66" (1:06) in: "Primary Clinician Time"

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

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



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

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

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

Add-On Codes (+)

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

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

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

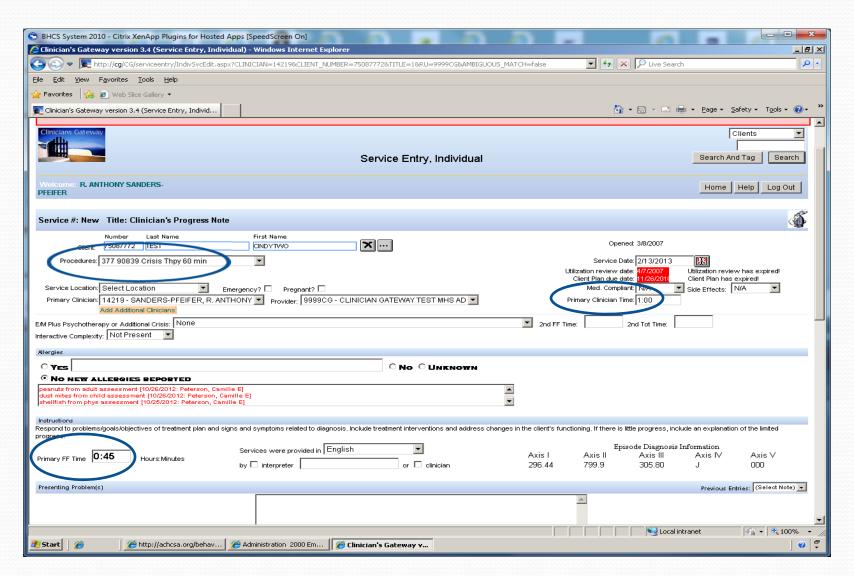
Add-On Codes continued:

- Additional Time Spent: for Crisis Therapy—concept in general.
 - 377-90839 is used for the first 30-75"
 - 378-90840 is used for each additional 16-45"
 - For charting and CG: 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 <u>choose code 377-90839</u> (30-75")
 - Enter 60" (45" f-f + 15" doc/travel)
- Clinician's Gateway
 - Crisis service lasting 45" f-f, 15" doc/travel
 - Use code 377-90839 for the 45" f-f time.
 - Enter 45" into "Primary f-f Time"
 - Enter Total Time of 60" (1:00) (45" f-f + 15" doc/travel) into "Primary Clinician Time"
 - See screen shot
- For < 30 minutes can not use Crisis Code (if appropriate use and chart to a different code, e.g. individual psychotherapy, E/M, etc.)

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



Crisis Code 377-90839 + 378-90840

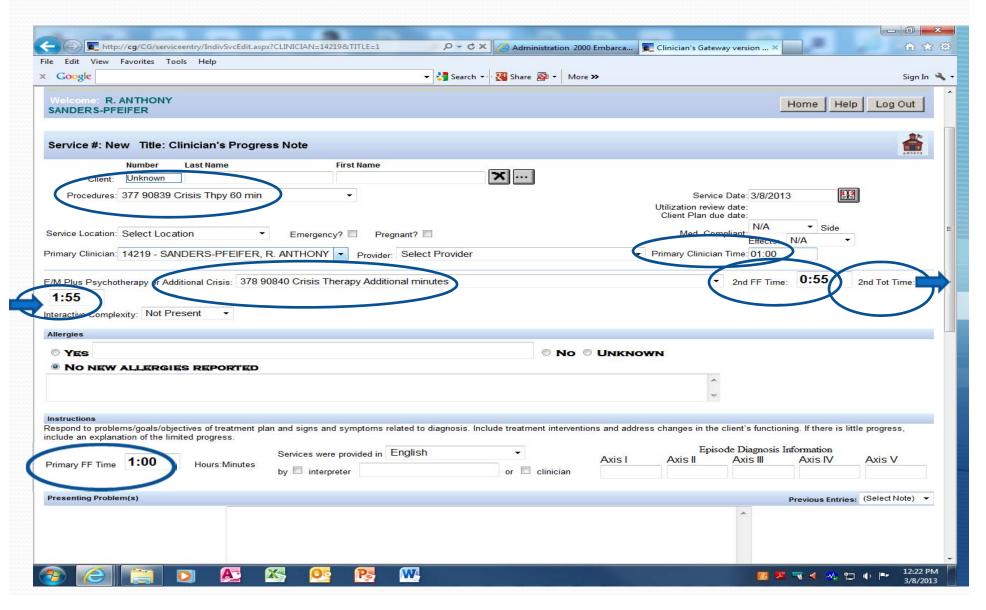
InSyst

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

Clinician's Gateway:

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

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



Add-On Code for Additional Service Provided: Interactive Complexity

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

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

Add-On Code for Additional Service Provided: Interactive Complexity (491-90785) cont.

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

- The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
 - Vignette (reported with 442-90834, Psychotherapy 45 min)
 - Psychotherapy for an older elementary school-aged child accompanied by divorced parents, reporting declining grades, temper outbursts, and bedtime difficulties. Parents are extremely anxious and repeatedly ask questions about the treatment process. Each parent continually challenges the other's observations of the client.

Add-On Code for Additional Service Provided: Interactive Complexity (491-90785) cont.

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

- 2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan
- Vignette (reported with 441-90832, psychotherapy 30 min)
 - Psychotherapy for young elementary school-aged child. During the parent portion of the visit, mother has difficulty refocusing from verbalizing her own job stress to grasp the recommended behavioral interventions for her child.

Add-On Code for Additional Service Provided: Interactive Complexity (491-90785) cont.

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

- 3. Evidence or disclosure of a Sentinel Event and mandated reporting to a 3rd party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with client and other visit participants
 - Vignette (reported with 565-90792, psychiatric diagnostic evaluation with medical services)
 - In the process of an evaluation, adolescent reports several episodes of sexual molestation by her older brother. The allegations are discussed with parents and report is made to state agency.

Add-On Code for Additional Service Provided:

Interactive Complexity (491-90785) cont.

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

- 4. Use of play equipment, physical devices, interpreter or translator** to overcome barriers to diagnostic or therapeutic interaction with a client who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.
 - Vignette (reported with 456-90853, group psychotherapy)
 - Group psychotherapy for a young child who requires play equipment to participate in the group therapeutic interaction

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

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

Can only be used with these codes:

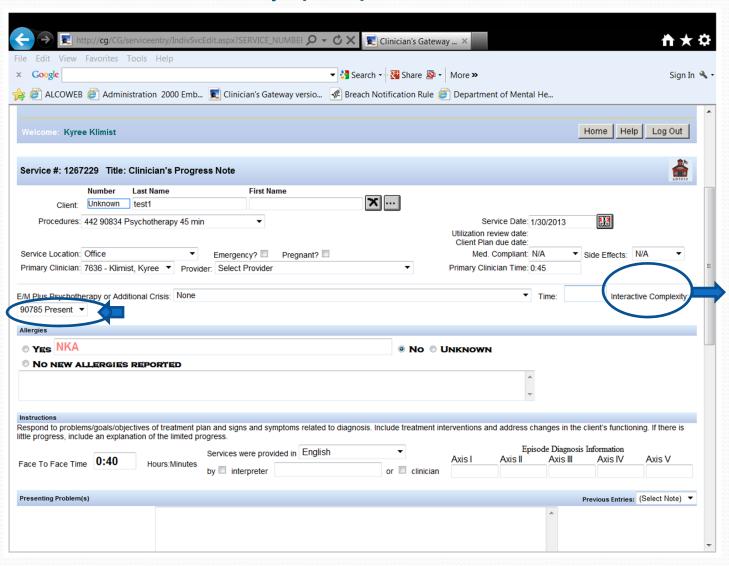
- 323-90791 & 565-90792 Psychiatric Diagnostic Eval.
- 441-90832, 442-90834, 443-90837 **Psychotherapy**
- E/M+465-90833, E/M+467-90836, E/M+468-90838 E/M
 with + Psychotherapy add-on
- 456-90853 Group Psychotherapy

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

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

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

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



Psychotherapy Add-on Codes to E/M

- Must be added on to an E/M code.
- Cannot bill for < 16 min Psychotherapy Add-on
- For Medical Providers only (MD, DO, CNS, NP, PA)
- + 441 + 90832 = Psychotherapy Additional 16-37"
- + 442 + 90834 = Psychotherapy Additional 38-52"
- + 443 + 90837 = Psychotherapy Additional 53" +

Documenting Add-On (+) Codes

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

Evaluation and Management (E/M) Codes: 99###

- 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 (inpt)
 - Used by all physicians and (MD, DO) and other qualified health care professionals (APN, PA)
 - In addition, E/M codes typically pay more for the same service

Medicare Payments

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

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

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

CPT E/M Established client Definition

- 641,643-6/99211—99215. An established client is one who has received professional services from
 - the medical provider or another medical provider of the same specialty or sub-speciality*
 - who belongs to the same group practice (same TIN),
 - Either a <u>specific CBO</u>, or
 - 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 <u>Time</u>
 - Counseling and Coordination of Care are 50% or > of f-f time.
 - The only <u>exception</u> to this if you are <u>using an add on</u> <u>psychotherapy code</u>, you cannot use time as the basis of selecting the code for the E/M portion of the work.
 - In the Community MH setting it is often found that the majority of E/M services include Counseling & Coordination of Care which is over 50% of f-f time.

- PATH TWO
 - Basing the code on the <u>Elements</u>
 - History
 - Exam
 - Medical Decision Making

- 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.

- Document:
 - Length of time of the encounter and of the time spent in counseling and coordination of care.
 - AND the <u>content</u> of the counseling and/or coordination of care <u>activities</u>

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

Codes & Timeframes

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

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

- 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.

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

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.

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

client's Name:	Date of Visit:
Interval History:	
Interval Psychiatric Assessment/ Mental Status E	Examination:
Current Diagnosis:	
Diagnosis Update:	
Current Medication(s)/Medication Change(s) - N	No side effects or adverse reactions noted or reported
Lab Tests: Ordered Reviewed :	
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	giver (circle as appropriate and circle each counseling topic
Discussed and describe below:	
Diagnostic results/impressions and/or recommende	^^^^^^^^^^^^^^
Risk Factor Reduction client/Family/Caregiver Educ	w-up Importance of compliance with chosen treatment options cation Prognosis
Coordination of care provided (with client prese Coordination with: Nursing Residential Staff Social	nt) with (circle all appropriate and describe below): I Work Physician/s Family Caregiver
Additional Documentation (if needed):	
	n. Start Time Stop Time CPT Code
Greater than 50% of face to face time spent provi	
Psychiatrist's Signature:	Date:

See hand-outs

Progress Note Templates for:

E/M Notes Based on Counseling & Coordination of Care:

Inpt & Outp

Example of Counseling & Coordination of Care—Outpt.

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

Medical Necessity—CMS

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

General Principles of Documentation

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

General Principles of Documentation cont.

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

General Audit Issues

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

- 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.

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

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

History

- Chief Complaint
- 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: Knowing your client try to think ahead of the level of E/M you will be providing.

Established	Patient (Requires	Office 2 of 3)	Visit
CPT Code	History	Exam	MDM
99211	N/A	N/A	N/A
99212	PF	PF	Straightforward
99213	EPF	EPF	LOW
99214	DET	DET	Moderate
99215	COMP	COMP	High

Path 2: Choosing the E/M Code Based on the Elements: Knowing your client try to think ahead of the level of E/M you will be providing cont.

- 645-99214: E/M Established Outpatient <u>Moderate</u> Complexity (Requires 2 of 3):
- History (detailed)
- Chief Complaint--required
- History of Present Illness (HPI)—4 elements OR 3 chronic conditions.
- Past, Family and/or Social History (PFSH)—1 element
- Review of Systems (ROS)—2 systems
- Exam (detailed)
- Number of system/body areas examined—9 bullets
- Specific "Bullets" or elements completed within specific systems required for Comprehensive.
- Medical Decision Making (moderate—

must meet 2

Of 3.)

- Number of Diagnoses or Management Options—3 points
- Amount and/or Complexity of Data to be Reviewed—3 points
- Risk of Significant Complications, Morbidity, and/or Mortality—Moderate Risk

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Evaluation and Management Services Guide Coding by Key Components

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

History	Reason for the visit Location; Sev Quality; Durate Modifying Associated		of presei (HPI)	nt illness	Past, family, social history (PFSH)	Rev	iew of sys	stems (ROS)		
			ition; Severity; Timing; lity; Duration; Context; Modifying Factors; ssociated signs and symptoms		Past medical; Family medical; Social	Constitutional; Eyes; Ears, Nose, Mouth, Throat; Cardiovascular; Respiratory; Genitou Musculoskeletal; Gastrointestinal; Skin/Bro Neurological; Psychiatric; Endocrine; Hematologic/Lymphatic; Allergic/Immunol		espiratory; Genitourinary; pintestinal; Skin/Breast; hiatric; Endocrine;		
st	СС		HPI			PFSH	ROS	5	History Type	
王			Brief				N/A		Problem focused (PF)	
\$3 15 ³			-3 elemen hronic con			N/A	Problem po (1 system)	em)	Expanded problem focused (EPF)	
	Yes		Extende		(1	Pertinent element)	Extend (2-9 syst		Detailed (DET)	
			4 elements ronic cond		Complete (2 elements (est) or 3 elements (new/initial))		Compl (10-14 sy:		Comprehensive (COMP)	
	Syst	tem/bo	dy area				Examination			
	Constitutional			3/7 vital signs: sitting or standing BP, supine BP, pulse rate and regularity, respiration, temperature, height, weight General appearance						
=	Musculoskeletal			Muscle str Gait and s	rength and tone station					
Examination	Psychiatric				ons /psychotic though and insight	Recent and remote memory Attention and concentration Language Fund of knowledge Mood and affect				
Ш	Examination Element			ements		E	xamination type			
	1-5 b		100						oblem focused (PF)	
		st 6 bu						Expande	ed problem focused (EPF)	
		st 9 bu			D Lindi	/-L11\-			Detailed (DET)	
	All bullets in Constitutional and Psy Musculoskeletal (unshaded) box					(snaded) boxes	and 1 bullet in	Con	nprehensive (COMP)	

Medical Decision Making

Evaluation and Management Services Guide

Coding by Key Components

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Subsequent Hospital/PHP

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

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

L		Problem Points	Data Points	Risk	Complexity of Medical Decision Making
	nts net ed:	0-1	0-1 Minimal		Straightforward
	be mec	2	2	Low	Low
	ast exc	3	3	Moderate	Moderate
	2/3 or e	4	4	High	High

		atient Off uires 3 of 3)		Established Patient Office (requires 2 of 3)				
	CPT Code	History	Exam	MDM	CPT Code	History	Exam	MDM
es	99201	PF	PF	Straightforward	99211	N/A	N/A	N/A
<u>e</u>	99202	EPF	EPF	Straightforward	99212	PF	PF	Straightforward
o	99203	DET	DET	Low	99213	EPF	EPF	Low
3	99204	COMP	COMP	Moderate	99214	DET	DET	Moderate
_	99205	COMP	COMP	High	99215	COMP	COMP	High
			-			-		-

5	(requires 3 of 3)				(requires 2 of 3)				
	CPT Code	History	Exam	MDM	CPT Code	History	Exam	MDM	
	99221	DET	DET	Straightforward	99231	PF	PF	Straightforward	
	99222	COMP	COMP	Moderate	99232	EPF	EPF	Moderate	
	99223	COMP	COMP	High	99233	DET	DET	High	

Initial Hospital/PHP



Evaluation and Management (E/M) Patient Examples

Office, Established Patient



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IMPORTANT

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

SERVICES SHOULD ALWAYS BE MEDICALLY NECESSARY.

99	213	Office visit for a 9-year-old male, established patient, with ADHD. Mild symptoms and minimal medication side effects.	Office visit for a 27-year-old female, established patient, with stable depression and anxiety. Intermittent moderate stress.	
9	CC	9-year-old male seen for follow up visit for ADHD. Visit attended by patient and mother; history obtained from both.	27-year-old female seen for follow up visit for depression and anxiety. Visit attended by patient.	Ex
HISTORY	HPI	Grades are good (associated signs and symptoms) but patient appears distracted (quality) in class (context). Lunch appetite poor but eating well at other meals.	Difficulty at work but coping has been good. Minimal (severity) situational sadness (quality) and anxiety when stressed (context).	HISTORY: Expanded Problem Focused
E		HPI scoring: 3 elements = Brief	HPI scoring: 3 elements = Brief	use 1 P
Ē	PFSH	N/A	N/A	rob
	ROS	Psychiatric: denies depression, anxiety, sleep problems	Psychiatric: no sadness, anxiety, irritability	lem
		ROS scoring: 1 system = Problem-pertinent	ROS scoring: 1 system = Problem-pertinent	
	Const	Appearance: appropriate dress, comes to office easily	Appearance: appropriate dress, appears stated age	
_	MS	N/A	N/A	EXAM: Exp. Probl Focused
EXAM	Psych	Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate	Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate; Judgment and insight: good	
33		Examination scoring: 6 elements = Expanded problem-focused Problem 1: ADHD Comment: Relatively stable: mild symptoms	Examination scoring: 7 elements = Expanded problem-focused Problem 1: Depression Comment: Stable	_
SION		Comment: Relatively stable; mild symptoms Plan: Renew stimulant script and increase dose; Return visit in 2 months	Plan: Renew SSRI script at the same dose; Return visit in 3 months	MED
MEDICAL DECISION MAKING			Problem 2: Anxiety Comment: Stable Plan: Same dose of SSRI	MEDICAL DECISION MAKING: Low Complexity
N N	Prob	Problem scoring: 1 established problem, stable (1); total of 1 = Minimal	Problem scoring: 2 established problems, stable (1 for each = 2); total of 2 = Limited	G:
ED	Data	Data scoring: Obtain history from someone other than patient (2); total of 2 = Limited	Data scoring: None = Minimal	SIO
N	Risk	Risk scoring: Chronic illness with mild exacerbation, progression, or side effects; and Prescription drug management = Moderate	Risk scoring: Two stable chronic illnesses; and Prescription drug management = Moderate	ž

Evaluation and Management (E/M) Patient Examples

99	214		for a 13-year-old male, established patient, with depression, langer outbursts.		for a 70-year-old male, established patient, with stable depression mild forgetfulness.		
	CC	13-year-old m attended by pa	nale seen for follow up visit for mood and behavior problems. Visit atient and father; history obtained from both.		nale seen for follow up visit for depression. Visit attended by patient and tory obtained from both.		
CC HPI CCC HPI PFSH ROS Psych Prob Data Risk	that seems to yelling and pu at least once p	ther report increasing (timing), moderate (severity) sadness (quality) be present only at home (context) and tends to be associated with anching the walls (associated signs and symptoms) at greater frequency, per week when patient frustrated. Anxiety has been improving and with no evident trigger (modifying factors).	Patient and daughter report increasing distress related to finding that he has repeatedly lost small objects (e.g., keys, bills, items of clothing) over the past 2-3 months (duration). Patient notices intermittent (timing), mild (severity) forgetfulness (quality) of people's names and what he is about to say in a conversation. There are no particular stressors (modifying factors) and little sadness (associated signs and symptoms).				
ST		HPI scoring: 6	elements = Extended	HPI scoring:	6 elements = Extended	HISTORY Detailed	
Ξ	PFSH	Attending 8th	grade without problem; fair grades	Less attention	n to hobbies	43	
		PFSH scoring:	1 element: social = Pertinent	PFSH scoring	: 1 element: social = Pertinent		
	ROS	Psychiatric: n Neurological:	o problems with sleep or attention; no headaches		no problems with sleep or anger; no headaches, dizziness, or weakness		
		ROS scoring: 2	2 systems = Extended	ROS scoring:	2 systems = Extended		
	Const	Appearance: a	appropriate dress, appears stated age	Appearance:	appropriate dress, appears stated age		
	MS	N/A		Muscle stren	gth and tone: normal		
EXAM	Psych	Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: good; Mood and affect: euthymic and full and appropriate; Judgment and insight: good		Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: unable to focus on serial 7s; Mood and affect: euthymic and full and appropriate; Recent and remote memory: mild struggle with telling history and remembered 1/3 objects		EXAM: Detailed	
		Examination s	coring: 9 elements = Detailed	Examination	scoring: 10 elements = Detailed		
9		Problem 1: Comment: Plan:	Depression Worsening; appears associated with lack of structure Increase dose of SSRI; write script; CBT therapist; Return visit in 2 weeks	Problem 1: Comment: Plan:	Depression Stable; few symptoms Continue same dose of SSRI; write script Return visit in 1 month	M	
Ž		Problem 2:	Anxiety	Problem 2:	Forgetfilness	EDI	
N MA		Comment: Plan:	Improving Patient to work with therapist on identifying context	Comment: Plan:	New; mildly impaired attention and memory Brain MRI; consider referral to a neurologist if persists	Mode Mode	
ECISIO		Problem 3: Comment:	Anger outbursts Worsening; related to depression but may represent mood dysregulation			MEDICAL DECISION MAKING Moderate Complexity	
AL D		Plan:	Call therapist to obtain additional history, consider a mood stabilizing medication if no improvement in 1-2 months			ON M	
EDIC,	Prob		ng. 2 established problems, worsening (2 for each problem = 4); roblem, improving (1); total of 5 = Extensive		ing: 1 established problem, stable (1); with additional workup (4); total of 5 = Extensive	AKI	
M	Data	Data scoring: (total of 3 = Mui	Obtain history from other (2); Decision to obtain history from other (1); ltiple	Data scoring Obtain history	Order of test in the radiology section of CPT (1); from other (2); total of $3 = Multiple$	ີ້ດີ	
	Risk		One or more chronic illnesses with mild exacerbation, progression; and ag management = Moderate	Risk scoring: Prescription dr	Undiagnosed new problem with uncertain prognosis; and ug management = Moderate		

Evaluation and Management (E/M) Patient Examples

99215		Office visit for an established adolescent patient with history of bipedisorder treated with lithium; seen on urgent basis at family's requebecause of severe depressive symptoms.		H
HISTORY	CC	17-year-old male seen for urgent visit for depression. Visit attended by paties parents; history obtained from all 3.	and 25-year-old male seen for follow up visit for schizophrenia. Visit attended by patient.	
	HPI PFSH	Patient doing well until 2 days ago (timing) when, for no apparent reason (context), ne refused to leave his bed and appeared extremely (severity) and continuously depressed (quality); he is sleeping more and eating little (associated signs and symptoms).	The patient reports doing well until 1 week ago (duration) when he stayed up all night to finish a term paper (context). He has slept poorly (severity) since (timing) and, 2 days ago, began hearing fairly continuous voices (quality) telling him that people plan to shoot him. Attention and organization were good up until this past week (associated signs and symptoms).	Comprehensive
		HPI scoring: 5 elements = Extended	HPI scoring: 6 elements = Extended	ch
		Stopped attending school; family history of suicide is noted from patient's in evaluation	Doing well in third year of graduate school. Chart notes no family psychiatric history.	ensive
		PFSH scoring: Family and social (2 elements) = Complete	PFSH scoring: Family and social (2 elements) = Complete	
	ROS	Psychiatric: no problems with anxiety or anger; Neurological: no headaches; other systems reviewed and are negative.	All Psychiatric: denies symptoms of depression or mania; Neurological: no headaches; All other systems reviewed and are negative.	
		ROS scoring: All systems = Complete	ROS scoring: All systems = Complete	
	Const	VS: BP (sitting) 120/70, P 90 and regular, R 20; Appearance: appropriate dreappears stated age	s, VS: BP (sitting) 115/70, P 86 and regular, Ht 5'10", Wt 180 lbs; Appearance: appropriate dress, appears stated age	
ŏ	MS	Gait and station: normal	Gait and station: normal	0
EXAMINATION	Psych	Speech: sparse and slow; Thought process: logical; Associations: intact; Tho content: hopelessness, thinks of suicide, no HI or psychotic symptoms; Orientation: x 3; Attention and concentration: impaired; Mood and affect: depressed and constricted; Judgment and insight: poor; Fund of knowledge: Recent and remote memory: good; Language: able to repeat phrases	content: auditory hallucinations and paranoid ideation, no SI/HI; Orientation: x 3; Attention and concentration: impaired; Mood and affect: euthymic and full and	Comprehensive
_		Examination scoring: All elements of constitutional and psychiatric and 1 element of musculoskeletal = Comprehensive	Examination scoring: All elements of constitutional and psychiatric and 1 element of musculoskeletal = Comprehensive	
MEDICAL DECISION MAKING		Problem 1: Bipolar disorder Comment: Major relapse Plan: Continue current dose of Lithium for the moment	Problem 1: Psychosis Comment: Major relapse Plan: Increase dose of antipsychotic; write script; hold off on hospital admission as patient historically very adherent; return for visit in 1 day	MEAN
		Problem 2: Suicidality Comment: New Plan: Refer to hospital; confer with hospitalist once patient is admit	Problem 2: Insomnia Comment: Sleep deprivation may have triggered the psychosis relapse red Plan: Change to a more powerful hypnotic; write script	High Complexity
			Problem 3: ADHD Comment: Appears stable Plan: Continue same dose of non-stimulant medication	High Complexity
	Prob	Problem scoring: 1 established problem, worsening (2); 1 new problem (3); total of 5 = Extensive	Problem scoring: 1 established problem, stable (1); 2 established problems, worsening (2 for each problem = 4); total of 5 = Extensive	(i)
	Data	Data scoring: Obtain history from other (2); total of $2 = Limited$	Data scoring: None = Minimal	-
	Risk	Risk scoring: Chronic illness with severe exacerbation; and Illness that poses a threat to life = High	Risk scoring: Chronic illness with severe exacerbation = High	5

See E/M Progress Note Template Based on the Elements And Associated Audit Tool.

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 (see packet for Power Point):
 - http://www.aacap.org/cs/business of practice/reimbur sement for practitioners
 - http://www.apaeducation.org/ihtml/application/studen t/interface.apa/index.htm

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

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

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

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

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

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

Elimination of AB3632 procedure codes

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

Contact Us:

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

Training Resources:

The National Council Resource Page:

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

The APA Resource Page

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

The AMA

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

Resources:

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

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