



Alameda County Behavioral Health: Evaluation and Management (E/M) Training for Qualified Health Professionals (QHP), QA Coordinators, & Billers

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Presenters:

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Additional Question and Answer Panel Members:

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Administrative Support

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PLEASE NOTE, THIS TRAINING UTILIZES THE AMA CPT MANUAL LANGUAGE OF “PATIENT” FOR CPT CODING PURPOSES, RATHER THAN THE MORE PERSON-CENTERED LANGUAGE OF CLIENT, CONSUMER OR BENEFICIARY UTILIZED BY ACBH.

Important Focus of this Training



- **The focus of this training is on the selection and claiming of the: E/M Office, or Other, Outpatient Services codes.**
- For those who attended the prior E/M training:
 - Please note that information has been added (and examples updated) to distinguish the code selection, and claiming processes, differences *when documentation of a rendered service occurs either on the same day, or on a later date.*
 - In particular, take note of changes to slides 17 – 20 and the later examples provided.



Slide Symbols Key

The type of E/M code being discussed on each slide will be indicated by:

➤ Only E/M Office, or Other, Outpatient Services slides:



E/M Office Services

➤ All E/M Codes slides:



All E/M Codes

➤ Only E/M Services Provided in the Home, Board & Care (B&C), Skilled Nursing Facility (SNF), and SNF Sub-Acute Settings.



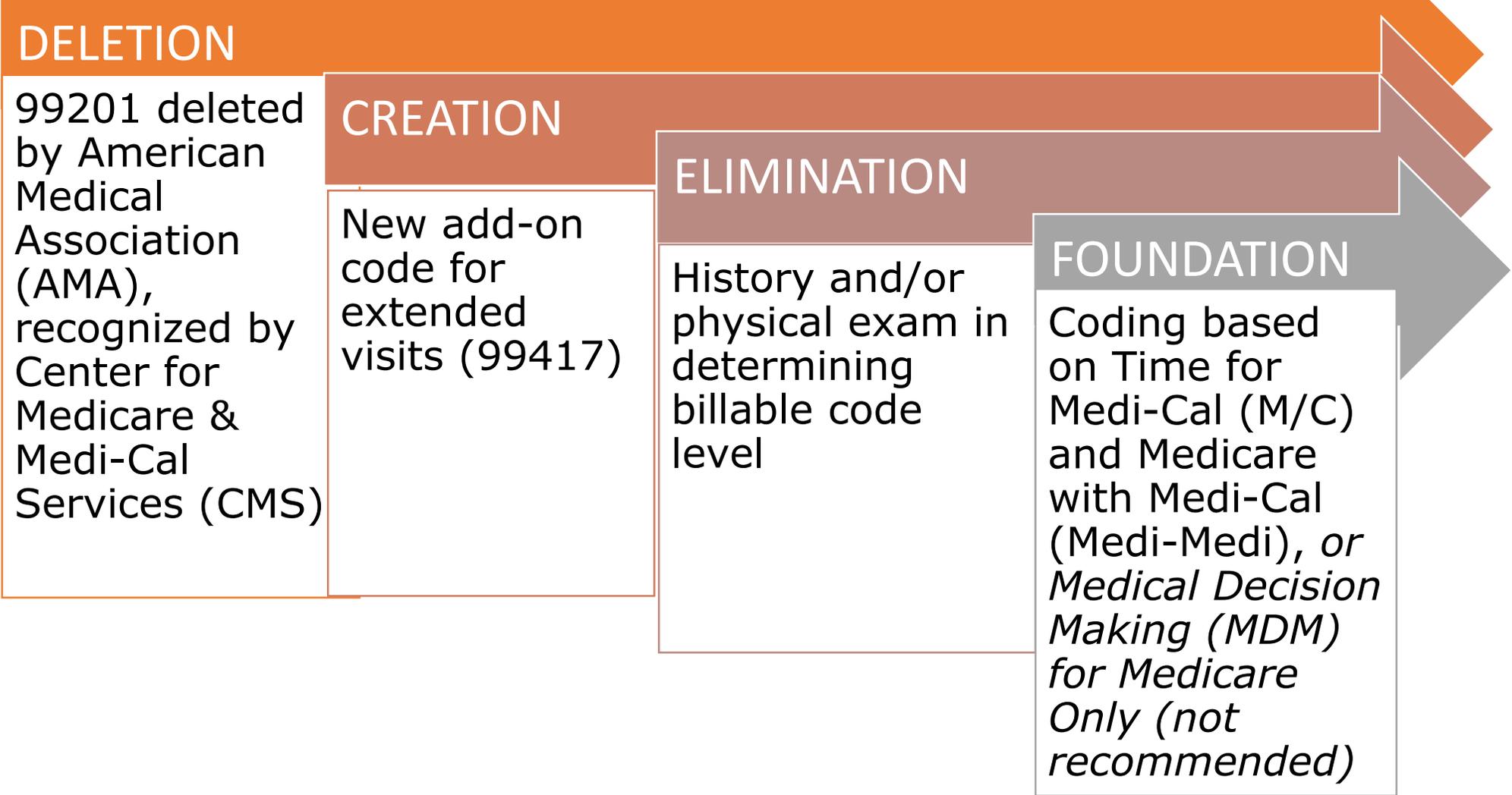
E/M Home, B&C & SNF



Objectives

		
<p>Discuss CPT code changes for 2021</p>	<p>Review changes in documentation</p>	<p>Review and understand the changes to Clinician Gateway (CG) and InSyst</p>

Key Changes for 2021





Overview:

E/M
Office
Services

WHO	Qualified Health Providers (“QHP”) <ul style="list-style-type: none">• Physicians (MD, DO)• Advanced Practice Nurses (NP, CNS)• Physician Assistant (PA) <p><u>Note:</u> Clinical Pharmacists (CP) have their own Medication Therapy Management Service (MTMS) codes. See MTMS Power Point training at end of presentation.</p>
WHAT	CPT (E/M) Setting/Service Location <ul style="list-style-type: none">• E/M Office or Other Outpatient Services
WHEN	Effective March 1, 2021 for ACBH claiming
IMPORTANT	Changes below are for providers submitting claims to Medi-Cal either through Clinician’s Gateway (CG) <u>or</u> InSyst.



Evaluation and Management (E/M), Office, or Other Outpatient, Services: Overview

- Effective January 1, 2021 the American Medical Association's (AMA) CPT® Professional Manual is changing the requirements for selecting the **E/M Office, or Other Outpatient, Services** (CPT® Codes 99201 – 99205, and 99211 - 99215).
- ACBH effective date for changes to E/M Office Codes for Medi-Cal claiming is March 1, 2021.

E/M Home, B&C & SNF

- This training **does not apply to other E/M services such as:**
 - **E/M Home (New or Established Patient)—at client's home**
 - **SNF E/M—at skilled nursing facility (SNF)**
 - **SNF SUB E/M—at skilled nursing facility designated sub-acute MH**
 - **E/M Board & Care (New or Established)—at Board and Care (B&C)**

The new documentation and claiming rules do not apply to the above codes.



E/M Office, Other Outpatient, Services VS. E/M Home/SNF/B&C Services

- Note, the new E/M rules and codes apply only to *E/M Office, and Other Outpatient, services.*



- Those E/M services provided in the Client's Home, B&C, SNF, or SNF sub-acute utilize the prior E/M codes and rules.
 - If slides apply to these codes, it will be so designated on the slides.





Evaluation and Management (E/M), Office, or Other Outpatient, Services: Overview Continued

- This will impact Alameda County Behavioral Health (ACBH) Qualified Health Providers (QHP), which include Physicians (MD, DO), Advanced Practice Nurses (NP, CNS) and Physician Assistants (PA) who claim for medication management services with these CPT® E/M codes.
 - Note: Clinical Pharmacists (CP) have their own Medication Therapy Management Service (MTMS) codes.
- Below is a summary of the changes. Note: Changes below are for providers submitting claims to Medi-Cal either through Clinician's Gateway (CG) or InSyst.



Immediate Attention Required: Changes to Mental Health Subcontractor's Electronic Health Records (EHR) for E/M Office, Outpt, Services

- Required implementation date of March 1, 2021;
- Deletion of CPT® Code 99201;
- Addition of the add-on prolonged service Code 544-99417; and
- Duration time-frame changes to CPT® Codes 99202 – 99205 and 99211 – 99215.



Questions



Medi-Cal vs. Medicare Claiming for E/M Office, Outpt, Services:

- Providers who claim directly to Medicare will need to follow Medicare compliant guidelines. The provider is responsible for submitting Medicare claims according to Medicare requirements. This training addresses only Medi-Cal (and Medi-Medi) compliant claiming.
- For Medi-Medi claims, providers must follow Medi-Cal requirements as described herein.
 - When Medicare is claimed first, the claim as-is may then simply roll-over to Medi-Cal without requiring changes in the claiming process.
 - Otherwise, it did not meet Medi-Cal requirements (even if it met Medicare requirements) and would be disallowed.

E/M Code Selection for Office, Other Outpt Services:



- Starting on March 1, 2021, QHPs will select the level of Office, or Other Outpatient, Evaluation and Management (E&M) services based solely on Time [rather than Medical Decision Making (MDM)].*
 - This is due to a current InSyst claiming limitation, it may change in the future when InSyst is replaced with another claiming database.
- Note: Each CPT® Code indicates a specific level of service:
 - Simple (99211)
 - Expanded (99202/99212)
 - Detail (99203/99213)
 - Complex (99204/99214)
 - Comprehensive (99205/99215)

**For County and Subcontractors who claim to Medicare, they may select the CPT® Code based on MDM for Medicare only claiming-although not recommended. Because, if it is a Medi-Medi claim, when the claim rolls over to Medi-Cal (after Medicare payment or denial) the Code must be chosen based on time in order to be paid.*



Prior E/M Code Selection for Office, Other Outpatient (Outpt), Services:

- Leading up to 2021, the definition of time associated with CPT® Codes 99201 - 99205 and 99211 - 99215 had been based ONLY on the typical face-to-face (f-f) time the physician/qualified health care professional (QHP) spent on the day of the encounter if Counseling and Coordination of Care was greater than 50% of the f-f time. This had to be documented in detail.
- The time-related rule requirement that 50% of the visit be spent on counseling and/or coordination of care to report the service based on time will no longer be applicable as of March 1, 2021.
- Note, the prior E/M rules apply when the client is served in the home, SNF, or B&C.

E/M Home, B&C & SNF



“New Patients” vs. “Established Patients” (no change)

- **New Patients** are defined as clients who have not been served by the agency (same Tax ID #) for medication services in the past three years (by any provider). These include codes 99201 (now deleted, instead use 99202) and 99202 – 99205.*
- **Established Patients** are defined as clients who have been served by the same agency (same Tax ID #) for medication services in the past three years (by any provider). These include codes 99211 - 99215.

*Note, County Owned and Operated programs may not utilize New Patient codes if the client was served in any County Programs, in the past three years, as they all have the same tax ID# (check face sheet or always use Established Patient codes).

Time Will Now Be The Sole Determinant Of The Level Of Care Provided for E/M Office, Outpt, Services: per Medi-Cal Claiming Requirements



- **THIS IS THE MOST SIGNIFICANT CHANGE TO E/M CODING FOR MEDICATION SERVICES EFFECTIVE 3/1/21.**
- The E/M code selection is based on Service Time (exclusive of travel time—which is not allowed for Office based services—and exclusive of documentation time if done on a later date). Service Time now has a NEW definition.
- Note, the prior documentation requirements for “Counseling and Coordination of Care” do not apply to E/M Office, Outpt, Services—rather Total Service Time is utilized.
- For Medi-Cal (M/C) claiming purposes Documentation time done on a later date is added to Total Time, not Total Service Time**.

** For County and Subcontractors who claim to Medicare, documentation time may not be claimed to Medicare if not done on the same date of service. However, if the claim rolls over to Medi-Cal, documentation time may then be included in Total Time for Medi-Cal claiming. It is always recommended to always chart to M/C requirements.



Service Time Defined for E/M Office, Outpt, Services

- The definition of Service Time will include both face-to-face (for client and/or significant other) and non-face-to-face activities performed by the provider on the same date of the encounter as described below (excluding any services done on a separate date such as documentation time).
- It does not, however, include time in activities that are normally performed by clinical staff*** (RN, LVN, Psychiatric Technician, Medical Assistant, etc.).
 - *For example, if a nurse is taking vitals—that time cannot be included in the E/M visit. The nurse must claim their time separately (and write their own Progress Note).*
- **This is a significant departure from prior E/M guidelines, which ONLY allowed for face-to-face time to be counted.**

***Medicare-only claiming allows two qualified health care providers to "bundle" their services into one progress note and claim. Medi-Cal does not allow this, and if a provider rolls a Medicare Claim over to Medi-Cal they may not bundle multiple providers into one service/progress note/claim.



Service Time, Activities for E/M Office, Outpt, Services

- Service Time for E/M Code selection will now include pre-service, intra-service and post-service activities performed on the same day of the client/family member f-f service. Examples include:
 - Preparing to see the patient (e.g. review of tests);
 - Obtaining and/or reviewing separately obtained history;
 - Ordering medications, tests, and procedures;
 - Referring and communicating with other health care professionals (interagency, or intraagency only when an urgent or emergent condition requires in person communication asap);
 - Documenting clinical information in the electronic or other health record;
 - Independently interpreting results (not separately reported/claimed) and communicating results to the patient/family/caregiver; and
 - Care Coordination.

Service Time, Activities, cont. For E/M Office, Outpt, Services



- Service activities cannot happen on separate dates and be counted toward the total *Service Time* for Code Selection purposes.
 - For example, to include documentation time into total service time—the write-up must occur on the same date as the encounter. (Regardless, M/C always reimburses all time claimed.)
- Example 1 New Patient:
 - 1/1/20: 25 minutes f-f time with client, and on the same day
 - 1/1/20: 10 minutes documentation time—on same day
 - In this case, 35 minutes is the total Service time, which is utilized to select the code 99203 (30-44”).
- Example 2 New Patient:
 - 1/1/20: 25 minutes f-f time with client
 - 1/2/20: 10 minutes documentation time—on separate day
 - In this case, only 25 minutes service time is utilized to select the code 99202 (15-29”), and the documentation time is added to the total time (35”) so that all time claimed is paid.



Questions

New Patient E/M Office, Other Outpt, Service Time Intervals:



New Patient Office E/M Code Time Intervals

The CPT® Code selected is based on the Service Times as outlined:

InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

Established Patient E/M Office, Outpt, Service Time Intervals Continued:



Established Patient Office E/M Code Time Intervals

The CPT® Code selected is based on the Service Times as outlined:

InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

E/M Office, Outpt, Prolonged Service: 544-99417



- A major component of the 2021 Evaluation and Management (E&M) changes is the introduction of CPT® Code 99417.
 - The Code reflects a “Prolonged” office, or other, outpatient evaluation and management service that requires at least a full 15 minutes or more of total service time (does not include services done on a different date, such as documentation time after the date of service) either with OR without direct patient contact on the date of the primary E&M service (applicable to either CPT® Code 99205 or 99215).
 - CPT® 99417 may only be reported in conjunction with 99205 and 99215 if the codes were selected based on the time alone, and not on MDM (ACBH only selects these codes based on time).
 - A service of less than 15 minutes MAY NOT be reported on an additional Prolonged Service code.

New Patient, E/M Office, Outpt, Services: Prolonged Minutes Code Selection



Note this is the methodology for code selection. See the distinct CG and InSyst claiming processes described in later sections.

Prolonged Minutes Examples for New Patient

New Patient: Service Time of 75 minutes (or 75 – 89”) = (1) 549-99205 (60”) + (1) 544-99417 (15”)

New Patient: Service Time of 90 minutes (or 90 – 104”) = (1) 549-99205 (60”) + (2) 544-99417 (30”);

New Patient: Service Time of 105 minutes (or 105 – 119” minutes) = (1) 549-99205 (60”) + (3) 544-99417 (45”);

New Patient: Service Time of 120 minutes (or 120 – 134” minutes) = (1) 549-99205 (60”) + (4) 544-99417 (60”);

and so on...

Established Patient, E/M Office, Outpt, Service Prolonged Minutes Code Selection



Note this is the methodology for code selection.
See the distinct CG and InSyst claiming processes described in later sections.

Prolonged Minutes Examples for Established Patients

Established Patient: Service Time of 55 minutes (or 55 - 69 minutes) = (1) 646-99215 (40'') + (1) 544-99417 (15'')

Established Patient: Service Time of 70 minutes (or 70 -84 minutes) = (1) 646-99215 (40'') + (2) 544-99417 (30'');

Established Patient: Service Time of 85 minutes (or 85 – 99 minutes) = (1) 646-99215 (40'') + (3) 544-99417 (45'');

Established Patient: Service Time of 100 minutes (or 100 - 114 minutes) = (1) 646-99215 (40'') + (4) 544-99417 (60'');

and so on...



Questions



E/M Services Prolonged Minutes: When Allowed and Not Allowed (Due to CG EHR Restrictions).

- Alert for County and Other Clinician Gateway (CG) Users:
 - If Prolonged Service Time is utilized—the E/M add-on of “+ Psychotherapy” (465, 467, 468) may not also be claimed. This is due to CG claiming restrictions.
 - Likewise, if the E/M add-on of + Psychotherapy is utilized—Prolonged Service Time may not also be claimed.
- Non-CG, InSyst providers may claim for E/M + Prolonged Service + Psychotherapy IF ALL CRITERIA IS MET (VERY UNUSUAL)



E/M add-on of “+ Psychotherapy” CAUTION—Claiming Risk!

- Caution: It is not advised to claim add-on + Psychotherapy with E/M codes.
- Psychotherapy is often confused with counseling services as described by the AMA CPT Manual® :
 - “Counseling is a 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/benefits, instructions for management and/or follow-up, importance of compliance with chosen management options, risk factor reduction and client education.”
- If the QHP is separately providing psychotherapy to treat the client’s diagnosis (such as providing weekly CBT for addressing depressive symptoms), they will claim for Psychotherapy.
 - For those sessions where medication is also addressed (usually once monthly) an E/M code + the add-on code of Psychotherapy may be claimed instead.

Documenting E/M Services Provided in a Progress Note (PN)



- Required for Medicare (and Medi-Medi) documentation, and appropriate for Medi-Cal Claiming:
 - Per the AMA CPT Manual® document to the seven components of E/M services:
 - History, Examination, Medical Decision Making, Counseling, Coordination of Care, Nature of Presenting Problem & Time
- For Medi-Cal Purposes, the QHP may document:
 - Any of the relevant 7 components above and a Progress Note (PN) outline such as PIRP. Regardless of the template chosen the elements below must be included per DHCS:
 - Presentation or Problem (P): That day's presentation or progress.
 - *Intervention (I): That day's psychiatric intervention in detail.*
 - *Response (R): That day's detailed client (or collateral) responses to the intervention(s).*
 - Plan (P): Next steps determined from that day's service provision.

E/M PN Interventions



- Why would PN entries with the following interventions be disallowed in an Audit?
 - “I had a lengthy discussion with the patient.”
 - “I spent 20 minutes in supportive counseling.”
 - “I spent 15 minutes talking about the treatment options.”
 - “I spent 30 minutes with the patient.”
- They are not a detailed description of the interventions provided that day, rather a generic comment that could be applied to any case.
- They are not thorough enough to represent the time claimed.
- Along with the detailed intervention, the PN must also include that day’s presentation/problem, the client’s specific response(s) to the stated provider’s intervention(s), and the plan following this encounter in order to be allowed.

Timeliness of Progress Notes (PN)



- DHCS has had an increased focus on timely documentation.
 - Audit feedback has been that it is best practice to write the PN the same day, and if service is at the end of the day—by next day.
 - Schedule time at the end of the day for documentation.
- ACBH Timeliness of PN's:
 - It is best practice to write the Progress Notes on the same/next day of the date of service. Progress Notes must be entered in to the clinical record within five (5) business days of the date of service (DOS) with all required signatures or they will be considered a “late note”. Approval by the supervisor and clinician finalization of the Progress Note must be completed within five (5) business days.
 - If an entry is late, the beginning of the Progress Note must clearly identify the note as a late entry for the DOS with “Late Entry for Month/day/year” at the beginning of the Progress Note.



Questions



InSyst Data Code Selection and Time Entry for

E/M Office, or Other Outpatient, Service Codes

InSyst E/M Office, Outpt, Services Code Selection and Time Entry Directions: No Prolonged Service for Established Patient:



InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient: If the calculated Service Time (including same-day documentation time) is within the time range of the primary service codes 641-99211 to 646-99215, No Prolonged service code 544-99417 is added.
- Any add'l time (i.e. documentation time **(done on a different day than service)**) gets added to the primary service code.
- The Primary E/M code selection allows InSyst to correctly claim to Medicare (However, the minutes associated with the code will claim to M/Cal.)

InSyst Example: E/M Office, Outpt, Services Established Patient w/calculated Service Time 40-54 minutes - No Prolonged Time— Same Day Documentation



InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient Example: 35 min. service + 10 min. documentation time (**done on the same day of service**) = 45 min. Total Time
- Calculate the Service Time to determine the code selection. Service Time = 35 min. service + 10 min. documentation (**only if done on the same day of service**) = 45 min or (1) 646-99215 (40-54 minutes).
- For InSyst entry of minutes:** Enter (1) 646 proc code for **45 min. Total time in the Staff Duration field.**

InSyst Example: Established Patient E/M Office, Outpt, Services w/calculated Service Time 40-54 minutes - No Prolonged Time



Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG	99215 INDV 646	TEST STAFF	00:45

Confidential Information USER: TESTUSER

1 service displayed.

InSyst Example: Established Patient, E/M Office, Outpt, Services w/calculated Service Time 30-39 mins + additional minute(s) for proc code 645-99214



InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient Example: 35 min. service + 10 min. documentation time (**done on a different day**) = 45 min. **Total Time**
- Calculate the Service Time to determine the code selection. **Service Time = 35 min. service or (1) 645-99214 (30-39 minutes).**
- For **InSyst entry of minutes**: Enter (1) 645 proc code for 35 min's **Service Time** + 10 min. documentation time (**done on a different day**) = 45 **Total Time** in the Staff Duration field.

InSyst Example: Service Time 30-39 minutes for 645-99214, E/M Office, Outpt, Service Established Patient - No Prolonged Time

E/M
Office
Services



Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG 99214	INDV 645	TEST STAFF	00:45

Confidential Information USER: TESTUSER

1 service displayed.

InSyst Code Selection and Time Entry

Directions: E/M Office, Outpt, Prolonged Service for Established Patient:



InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient: If 646-99215 is 55 minutes or greater, **the Service Time reverts to 40 minutes**, and the excess service time rolls over to the Prolonged Service if it is a FULL 15 minutes or greater (see below if 14 minutes or less)
- For each FULL 15-minute increment, one 544-99417 Prolonged Service Code is entered.
- When the balance is 14 minutes or less, these minutes are added on to the last 544-99417 Prolonged Service Code.

InSyst Example: Established Patient w/calculated Service Time over 54 minutes (incl' Prolonged minutes for proc code 544-99417—Same Day Doc.)



InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient: 45 min. service + 10 min. documentation time (**done on the same day of service**) = 55 min. Total Time
- Calculate the **Service Time** to determine the code selection. Service Time = 45 min. service + 10 min. documentation time = 55 minutes or (1) 646-99215 (40") + (1) 544-99417 (15").
- For InSyst entry of minutes:
 - Enter (1) 646-99215 proc code for the first 40 min. Service Time in the Staff Duration field.
 - Enter (1) 544-99417 proc code for the additional 15 minutes of Service Time.
- The **Total Time** entered in InSyst should be 40 min. under proc code 646 and 15 min. under proc code 544 for a Total Time of 55 min.

InSyst Example: Established Patient w/calculated Service Time over 54 minutes (incl' Prolonged minutes for proc code 544-99417— Same Day Documentation)



Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service						Time
Date	Reporting Unit	Procedure		Therapist	HH:MM	
13-Jan-2021	CL GATE TEST 9999CG	99215	INDV 646	TEST STAFF	00:40	
13-Jan-2021	CL GATE TEST 9999CG	99417+EM15	544	TEST STAFF	00:15	

Confidential Information USER: TESTUSER

2 services displayed.

InSyst Example: Established Patient w/calculated Service Time 40-54 min. + (incl' Prolonged proc code 646-99215—Doc on Different Day)



InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient: 45 min. service + 10 min. documentation time (**done on a different day**) = 55 min. Total Time
- Calculate the Service Time to determine the code selection. **Service Time = 45 min. service or (1) 646-99215 (40-54 minutes).**
- For **InSyst entry of minutes**: Enter (1) 646 proc code for 45 minutes Service Time + 10 min. documentation time (**done on a different day**) = **55 min. Total Time in the Staff Duration field.**
- Different day documentation is always added to the Primary Code.**



InSyst Example: Established Patient w/calculated Service Time 40-54 min. + Prolonged Time for proc code 646-99215— Different Day Documentation

E/M
Office
Services

Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG	99215 INDV 646	TEST STAFF	00:55

Confidential Information USER: TESTUSER

1 service displayed.

InSyst Example: Established Patient w/calculated Service Time over 54 minutes (incl' Prolonged minutes w/multiple proc code 544-99417—Same Day Documentation)

E/M Office Services



InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient: 60 min. service time + 30 min. documentation time (**done on the same day of service**) = 90 min. Total Time
- For code selection Service Time = 60 minutes service time + 30 min. documentation time (**if done on same day of service**) = 90 minutes or (1) 646-99215 (40 minutes) + (3) 544-99417 (50 minutes).
- For InSyst entry of minutes:
 - Enter (1) 646 proc code for the first 40 min. Service Time in the Staff Duration field.
 - Enter (2) 544 proc codes for 15 min. each = 30 min. and (1) 544 proc code for the remaining balance of 20 min. in the Staff Duration field. (Remember to add any additional minutes, that are 14 or less, to the last add on code.)
- The **Total Time** entered in InSyst should be 40 min. under (proc code (646) and 50 min. total under (proc code 544) for a Total time of 90 min.

InSyst Example: Established Patient w/calculated Service Time over 54 minutes (incl' Prolonged minutes w/multiple proc code 544-99417—Same Day Documentation)

E/M Office Services



Service Maintenance Selection

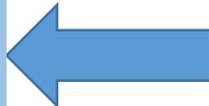
Client Number: 75087772 CINDYTWO TEST
 Reporting Unit:
 Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST	9999CG 99215 INDV 646	TEST STAFF	00:40
13-Jan-2021	CL GATE TEST	9999CG 99417+EM15 544	TEST STAFF	00:15
13-Jan-2021	CL GATE TEST	9999CG 99417+EM15 544	TEST STAFF	00:15
13-Jan-2021	CL GATE TEST	9999CG 99417+EM15 544	TEST STAFF	00:20

Confidential Information USER: TESTUSER

4 services displayed.

InSyst override code requires duplicate or multiple 544 codes with same duration.



InSyst Example: Established Patient w/calculated Service Time over 54 minutes (incl' Prolonged minutes + additional minute(s) for proc code 646-99215—Documentation on Different Day)

InSyst Code	CPT® Code	Description—Established Patient Codes	Total Time
641	99211	E/M EST OFC Simple	<10 minutes
643	99212	E/M EST OFC Expanded	10-19 minutes
644	99213	E/M EST OFC Detail	20-29 minutes
645	99214	E/M EST OFC Comprehensive	30-39 minutes
646	99215	E/M EST OFC Complex	40-54 minutes
544	99417	For 55 minutes or longer, drop 99215 to 40 minutes and for each additional full 15 minutes beyond 40 minutes, add one each of the code 99215. Add any additional minutes, that are 14 or less, to the last add-on code.	Full 15 minutes

- Established Patient: 60 minutes Service time + 30 min. documentation time (**done on a different day**) = 90 min. Total Time
- For code selection Service Time = 60 minutes Service time reverts to (1) 646-99215 (40 minutes)
- For InSyst entry of minutes:
 - Enter (1) 646 proc code for the first 40 min. Service Time + 30 min. documentation time (**done on a different day**) = **70 min.** in the Staff Duration field.
 - Enter (1) 544 proc codes for the remaining Service Time balance of 20 min. in the Staff Duration field. (Add on code = Full 15min., plus remember to add any add'l minutes to the last add-on-code.)
- The **Total Time** entered in InSyst should be 70 min. under (proc code (646) and 20 min. total under (proc code 544) for a Total time of 90 min.
- Documentation Time added to Primary Code.



InSyst Example: Established Patient w/calculated Service Time over 54 minutes (incl' Prolonged minutes + additional minute(s) for proc code 646-99215—Documentation on Different Day)

Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
 Reporting Unit:
 Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG	99215 INDV 646	TEST STAFF	00:70
13-Jan-2021	CL GATE TEST 9999CG	99417+EM15 544	TEST STAFF	00:20

Confidential Information USER: TESTUSER

2 services displayed.



Questions

InSyst Code Selection and Time Entry Directions: No Prolonged Service for New Patient:



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: If the calculated Service Time is within the time range of the primary service codes 546-99202 to 549-99205, No Prolonged service code 544-99417 is added.
- Any add'l time (i.e. documentation time **(done on a different day than service)**) gets added to the primary service code.
- When the balance is 14 minutes or less, these minutes are added on to the last 544-99417 Prolonged Service Code.
- **The Primary E/M code selection allows InSyst to correctly claim to Medicare (However, the minutes associated with the code will claim to M/Cal.)**

InSyst Example: New Patient w/calculated Service Time 45-59 minutes - No Prolonged Time



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: 35 min. service + 10 min. documentation time (**done on the same day of service**) = 45 min. Total Time
- Calculate the **Service Time** to determine the code selection. Service Time = 35 min. service + 10 min. documentation (**done on the same day of service**) = 45 min or (1) 548-99204 (45-59 minutes).
- **For InSyst entry of minutes:** Enter (1) 548 proc code for **45 min. Total time in the Staff Duration field.**

InSyst Example: New Patient w/calculated Service Time 30-44 minutes - No Prolonged Time



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: 35 min. service + 10 min. documentation time (**done on a different day**) = 45 min. Total Time
- Calculate the Service Time to determine the code selection. **Service Time = 35 min. service or (1) 547-99203(30-44 minutes).**
- For **InSyst entry of minutes**: Enter (1) 547 proc code for 35 min. Service Time + 10 min. documentation time (**done on a different day**) = **45 Total Time in the Staff Duration field.**

InSyst Example: Service Time 30-44 minutes for 547-99203, New Patient - No Prolonged Time



Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG 99203 INDV 547	TEST STAFF	0:45	

Confidential Information USER: TESTUSER

1 service displayed.

InSyst Code Selection and Time Entry

Directions: Prolonged Service for New Patient:



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: If 549-99205 is 75 minutes or greater, **the Service Time reverts to 60 minutes**, and the excess service time rolls over to the Prolonged Service if it is a FULL 15 minutes or greater (see below if 14 minutes or less)
- For each FULL 15-minute increment, one 544-99417 Prolonged Service Code is entered.
- When the balance is 14 minutes or less, these minutes are added on to the last 544-99417 Prolonged Service Code.

InSyst Example: New Patient w/calculated Service Time over 74 minutes (incl' Prolonged minutes for proc code 544-99417—Same Day Documentation)



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: 65 min. service + 10 min. documentation time (**done on the same day of service**) = 75 min. Total Time
- Calculate the Service Time to determine the code selection. Service Time = 65 min. service + 10 min. documentation time (**only if done on the same day of service**) = 75 minutes or (1) 549-99205 (60-74 minutes) + (1) 544-99417.
- For InSyst entry of minutes:
 - Enter (1) 549-99205 proc code for the first 60 min. Service Time in the Staff Duration field.
 - Enter (1) 544-99417 proc code for the additional 15 min. of Service Time.
- The Total Time entered in InSyst should be 60 min. under proc code 549 and 15 min. under proc code 544 for a Total Time of 75 min.

InSyst Example: New Patient w/calculated Service Time over 74 minutes (incl' Prolonged minutes for proc code 544-99417--Same Day Documentation)



Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG 99205	INDV 549	TEST STAFF	01:00
13-Jan-2021	CL GATE TEST 9999CG 99417+EM15	544	TEST STAFF	00:15

Confidential Information USER: TESTUSER

2 services displayed.

InSyst Example: New Patient w/calculated Service Time 60-74 min. + Different Day Documentation Time



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: 65 min. service + 10 min. documentation time (**done on a different day**) = 75 min. Total Time
- Calculate the Service Time to determine the code selection. **Service Time = 65 min. service or (1) 549-99205 (60-74 minutes).**
- For **InSyst entry of minutes**: Enter (1) 549 proc code for 65 min. Service Time + 10 min. documentation time (**done on a different day**) = 75 min. **Total Time in the Staff Duration field.**

InSyst Example: New Patient w/calculated Service Time 60-74 min. + Different Day Documentation time



Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG	99205 INDV 549	TEST STAFF	01:15

Confidential Information USER: TESTUSER

1 service displayed.

InSyst Example: New Patient w/calculated Service Time over 74 minutes (incl' Prolonged minutes w/multiple proc code 544-99417—Same Day Doc)



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: 80 min. service time + 30 min documentation time (**done on same day of service**) = 110 min. Total Time
- For code selection Service Time = 80 minutes service time + 30 min. documentation time (**if done on same day of service**) = 110 minutes or (1) 549-99205+ (3) 544-99417.
- For InSyst entry of minutes:
 - Enter (1) 549 proc code for the first 60 min. Service Time in the Staff Duration field.
 - Enter (2) 544 proc codes for 15 min. each = 30 min. and (1) 544 proc code for the remaining balance of 20 min. in the Staff Duration field. (Remember to add any additional minutes, that are 14 or less, to the last add on code.)
- The **Total Time** entered in InSyst should be 60 min. under (proc code (549) and 50 min. total under (proc code 544) for a Total time of 110 min.



InSyst Code Selection and Time Entry Directions Prolonged Service New Patient Examples, Service Time-110 Minutes—Same Day Documentation

Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST
Reporting Unit:
Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM
13-Jan-2021	CL GATE TEST 9999CG 99205 INDV 549	TEST STAFF	01:00	
13-Jan-2021	CL GATE TEST 9999CG 99417+EM15 544	TEST STAFF	00:15	
13-Jan-2021	CL GATE TEST 9999CG 99417+EM15 544	TEST STAFF	00:15	
13-Jan-2021	CL GATE TEST 9999CG 99417+EM15 544	TEST STAFF	00:20	

Confidential Information USER: TESTUSER

4 services displayed.

InSyst requires duplicate override code for multiple 544 codes with same duration.

InSyst Example: New Patient w/calculated Service Time over 74 minutes (incl' Prolonged minutes + additional minute(s) for proc code 549-99205—Different Day Documentation)



InSyst Code	CPT® Code	Description—New Patient Codes	Total Time
546	99202	E/M New OFC Expanded	15-29 minutes
547	99203	E/M New OFC Detail	30-44 minutes
548	99204	E/M New OFC Comprehensive	45-59 minutes
549	99205	E/M New OFC Complex	60-74 minutes
544	99417	For 75 minutes or longer, drop 99205 to 60 minutes and for each additional <u>full 15</u> minutes beyond 60 minutes, add one each of the code 99417. Add any additional minutes, that are 14 or less, to the last add-on code .	Full 15 minutes

- New Patient: 80min. service time + 30 min documentation time (**done on a different day**) = 110 min. Total Time
- For code selection Service Time = 80 minutes service time or (1) 549-99205 (60-74 minutes)
- For InSyst entry of minutes:
 - Enter (1) 549 proc code for the first 60 min. Service Time + 30 min. documentation time (**done on a different day**) = 90 min. in the Staff Duration field.
 - Enter (1) 544 proc codes for the remaining Service Time balance of 20 min. in the Staff Duration field. (Add on code = Full 15min., plus remember to add any add'l minutes to the last add-on-code.)
 - The **Total Time** entered in InSyst should be 90 min. under (proc code (549) and 20 min. total under (proc code 544) for a Total time of 110 min.

InSyst Example: New Patient w/calculated Service Time over 74 minutes (incl' Prolonged minutes + additional minute(s) for proc code 549-99205—Different Day Documentation)

E/M Office Services



Service Maintenance Selection

Client Number: 75087772 CINDYTWO TEST

Reporting Unit:

Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time
13-Jan-2021	CL GATE TEST	9999CG 99205 INDV 549	TEST STAFF	01:30
13-Jan-2021	CL GATE TEST	9999CG 99417+EM15 544	TEST STAFF	00:20

Confidential Information USER: TESTUSER

2 services displayed.



Questions



Clinician's Gateway EHR Code Selection and Time Entry for E/M Office, or Other Outpatient, Service Codes

Clinicians Gateway Primary & Secondary Codes



E/M services are reported using Primary and Secondary Code and Time Fields

Service #: New Title: Clinician's Progress Note

Service date:

Client: Number: Unknown Last Name: First Name:

Procedures:

Service Location:

Med. Compliant: Side Effects:

Emergency? Pregnant/Post-Partum? Veteran?

Billing time

Primary Clinician: Primary Total Time:

Provider:

Additional E/M, Psychotherapy or Crisis Minutes: 2nd FF/Contact/E-M Time:

Interactive Complexity:

Primary E/M Service code determined by E/M service duration

Primary Total Time (Primary E/M Service + later day documentation)

Secondary E/M Code (for Prolonged E/M Service)

Secondary E/M Service Time (Prolonged E/M Service)

CG Code Selection and Time Entry Directions



Primary E/M Service Time field (equivalent to *Service Time* above):

- Calculate the sum of all types of E/M service time on the date of the encounter
 - Use these minutes to select the Primary E/M code
 - Do not include documentation done after the date of service
- **The Primary E/M code selection allows InSyst to correctly claim to Medicare (However, the minutes associated with the code will claim to M/Cal.)**
- After the Primary E/M code is selected, then add documentation time done on a different date to calculate the Primary Total Time (field name)

Primary Total Time field:

- Once the Primary E/M Service Time is determined, add service time done on a later date to calculate the Primary Total Time.
 - **(The minutes associated with Primary Total Time will claim to M/Cal so no dollars are lost with the lower E/M code selection.)**

CG: Primary Total Time and Secondary FF/Contact/E-M Time



Secondary Code and FF/Contact/E-M Time field (PKA as Secondary Total Time)

- 544-99417: Use for Prolonged E/M time beyond the Primary code's base duration:
 - If 646-99215 (40 -54 min) Established Client service time is 55 minutes or greater, the E/M Primary Service Time reverts to 40 minutes base duration.
 - If 549-99205 (60-74 min) New Client service time is 75 minutes or greater, the E/M Primary Service Time reverts to 60 minutes base duration.
 - All the excess service time rolls over to Secondary Service Time of 544-99417
 - All minutes roll-over to claim to Medi-Cal.

CG Example: Service Time 40-54 Minutes for 646-99215, Established Patient, No Prolonged Time



- Established Patient-with same day documentation time
- Determine service time: 35 min service + 10 min documentation = 45 min (Total E/M Service time which includes same day documentation in the service time).
- Use Service Time to choose the E/M code
- E/M service 40-54 minutes uses only Primary code
- Enter Total E/M Service time into Primary Total Time field

Service #: New Title: Physician's Progress Note

Service date: 12/18/2020

Client opened: 6/26/2009

Plan due date:

Client: Number 75135386 Last Name TESTCASE First Name DAVE

Procedures: 646 99215 E/M EST OP HIGHCOMPL 40M

Service Location: Select Location

Med. Compliant: N/A Side Effects: N/A

Emergency? Veteran?

Choose 646-99215 when E/M Service = 40-54 minutes
 Example: 35 minutes service + 10 minutes documentation on the same day = 45 Minutes E/M Service Time
 Enter 45 minutes into Primary Total Time

Billing time

Primary Clinician 10904 - Peterson, Camille E

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

Primary Total Time: 00:45

CG Example: Total Time 40-54 Minutes, Established Patient, Non-Same Day Documentation, No Prolonged Time



- Determine the service time, not including later day documentation time
- Choose a lower duration E/M code if service time for encounter day is less than 40 minutes
- Add later documentation time to service time for *Primary Total Time*

Service #: New Title: Physician's Progress Note

Service date: 12/18/2020

Client: Number 75135386 Last Name TESTCASE First Name DAVE

Client opened: 6/26/2009

Plan due date:

Procedures: 645 99214 E/M EST OP MOD COMPL 25M

Service Location: Select Location

Med. Compliant: N/A Side Effects: N/A

Emergency? Veteran?

If documentation is done on a later date, it is not added into E/M service time for code choice.
 Example: 35 minute E/M service on encounter day
 + 10 minutes documentation on later day
 = 35 minutes service for E/M code choice
 (must choose a code based on E/M service time)
 Add later day documentation time to service time to get Primary Total Time
 Add 35 + 10 = 45 minutes for Primary Total Time

Billing time

Primary Clinician 10904 - Peterson, Camille E

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

Primary Total Time: 00:45

CG: Established Patient Prolonged Service Time Calculation



- *Established Patient, Outpatient-Prolonged Service*
 - If 646-99215 exceeds 54 minutes, the primary E/M service time reverts to 40 minutes base duration and all the excess rolls over to the Additional E/M Minutes (field). CG will do secondary code math in the background.
 - *Same day documentation is included in the service time calculation for code selection:*

Examples:

If Same Day E/M Service Time is 69 minutes, record: 40 minutes for 646-99215 and 29 minutes 544-99417

If Same Day E/M Service Time is 84 minutes, record: 40 minutes for 646-99215 and 44 minutes 544-99417

If Same Day E/M Service Time is 99 minutes, record: 40 minutes for 646-99215 and 59 minutes 544-99417

and so on

- *Non-same day documentation is not included in the Service Time determination, but is added into the Primary Total Time later.*

CG Example: Established Patient, Prolonged E/M Service Time with 646-99215 Same Day Documentation



Service #: New Title: Clinician's Progress Note

Client:

Service date:

Client opened: 6/26/2009

Plan due date:

Procedures:

Example: 69 minutes E/M service including same day documentation
 When E/M time exceeds 54 minutes, revert Primary time to 40 minutes
 Apply 40 minutes E/M to Primary code 646-99215
 Apply remaining 29 minutes to Secondary code 544-99417

Service Location:

Med. Compliant: Side Effects:

Emergency?

Billing time

Primary Clinician:

Provider:

Primary Total Time:

Additional E/M, Psychotherapy or Crisis Minutes: 2nd FF/Contact/E-M Time:

Interactive Complexity:

CG Example: Established Patient, Prolonged E/M Time with 646-99215 Later Documentation



Service #: New Title: Clinician's Progress Note

Service date: 12/18/2020

Client opened: 6/26/2009

Plan due date:

Number	Last Name	First Name
Client: 75135386	TESTCASE	DAVE

Procedures: 646 99215 E/M EST OP HIGHCOMPL 40M

Service Location: Office

Med. Compliant: N/A Side Effects: N/A

Emergency?

Example: 69 minutes (55 min. E/M on day 1, 14 min document on day 2)
When E/M time exceeds 54 minutes, revert Primary time to 40 minutes
Apply 40 minutes to Primary code 646-99215

Add day 2 documentation to Primary code time for Primary Total Time
(40 min. E/M + 14 min. later documentation = 54 min Primary Total Time)

Apply remaining 15 E/M minutes to Secondary code 544-99417

Billing time

Primary Clinician: 10904 - Peterson, Camille E

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

Primary Total Time: 00:54

Additional E/M, Psychotherapy or Crisis Minutes: 544 99417 E/M Prolonged Service Time 2nd FF/Contact/E-M Time: 00:15

Interactive Complexity: Not Present



Questions

CG: New Patient Prolonged Service Time Calculation



- New Patient, Office-Prolonged Service
 - If 549-99205 exceeds 74 minutes, the primary time reverts to 60 minutes base duration and all the excess rolls over to the secondary code. CG will do secondary code math in the background.
 - **Same day documentation** is included in the service time calculation and thus code selection:

Examples

If Same Day E/M Service Time is 89 minutes, record: 60 minutes for 549-99205 and 29 minutes 544-99417

If Same Day E/M Service Time is 104 minutes, record: 60 minutes for 549-99205 and 44 minutes 544-99417

If Same Day E/M Service Time is 105 minutes, record: 60 minutes for 549-99205 and 45 minutes 544-99417

and so on

- **Non-same day documentation** is not included in the Service Time determination, but is added into the Primary Total Time later.

CG Example: New Patient, Prolonged Service Time with 549-99205 Same Day Documentation



Service #: New Title: Clinician's Progress Note

Service date: 12/18/2020

Client: Number 75135386 Last Name TESTCASE First Name DAVE

Client opened: 6/26/2009

Plan due date

Procedures: 549 99205 E/M NEW OFC COMPLEX 60MIN

Example: 104 minutes E/M including same day documentation (New Client)
When E/M time exceeds 74 minutes, revert Primary time to 60 minutes
Apply 60 minutes (= 1:00 hour) to Primary code 549-99205
Apply remaining 44 minutes to Secondary code 544-99417

Service Location: Office

Med. Compliant: N/A Side Effects: N/A

Emergency?

Billing time

Primary Clinician 10904 - Peterson, Camille E

Primary Total Time: 01:00

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

Additional E/M, Psychotherapy or Crisis Minutes: 544 99417 E/M Prolonged Service Time

2nd FF/Contact/E-M Time: 00:44

Interactive Complexity: Not Present

CG Example: New Patient, Prolonged Service Time with 549-99205, Later Documentation



Service #: New Title: Clinician's Progress Note

Service date:

Client: Number: 75135386 Last Name: TESTCASE First Name: DAVE

Client opened: 6/26/2009

Plan due date:

Procedures: 549 99205 E/M NEW OFC COMPLEX 60MIN

Example: 104 minutes (80 min. E/M on day 1, 24 min. document on day 2)
When E/M exceeds 74 minutes, revert Primary time to 60 minutes

Apply 60 minutes to Primary Code 549-99205

Add day 2 documentation time to Primary code time for Primary Total Time
(24 min. later documentation + 60 min. E/M time = 84 Min = 1:24)

Apply remaining E/M time of 20 minutes to Secondary code 544-99417

Service Location: Office
Med. Compliant: N/A Side Effects: N/A
Emergency?

Billing time

Primary Clinician: 10904 - Peterson, Camille E
Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

Primary Total Time: 01:24

Additional E/M, Psychotherapy or Crisis Minutes: 544 99417 E/M Prolonged Service Time 2nd FF/Contact/E-M Time: 00:20

Interactive Complexity: Not Present



Questions



Clinical Pharmacists Medication Services Claiming

- See ACBHCS Training Slides:

Alameda County Behavioral Health (ACBH):
Medication Therapy Management Services (MTMS)
by Clinical Pharmacists (CP)

E/M Services Codes and Procedures:

When Provided in the Home, B&C, SNF or SNF Sub-Acute Settings Trainings and Resources



These E/M rules are to be used ONLY with the following ACBH E/M codes:

- E/M Home (New or Established Patient)—at client’s home:
 - 471-99341 through 474-99344
 - 475-99345, and]
 - 476-99347 through 479-99350
- SNF E/M—at skilled nursing facility (SNF) or SNF SUB E/M
 - 650-99306,
 - 653-99307 through 656-99310
 - 657-99304 through 658-99305
- SNF SUB E/M—at skilled nursing facility designated sub-acute MH
- E/M Board & Care (New or Established)—at Board and Care (B&C)
 - 660-99324,
 - 661-99325 through 664-99328,
 - 665-99334 through 668-99337

E/M Services Codes and Procedures: When Provided in the Home, B&C, SNF or SNF Sub-Acute Settings



Trainings and Resources--Continued

Regarding all below—regardless of what the document states, these are not to be utilized for E/M Office, Other Outpatient, Services which have new 2021 standards. *You must read them as if they are only for E/M services when provided in the Home, B&C, SNF, or SNF Sub-Acute settings even though they currently reference E/M Office, or Other Outpatient, Service codes.*

1. E/M Documentation & Auditing Training PowerPoint (not E/M Office, Other Outpatient, Services)
2. E/M Documentation & Auditing Training Resources (not E/M Office, Other Outpatient, Services)
3. E/M Services Guide: Coding by Key Components: AACAP (not E/M Office, Other Outpatient, Services)
4. E/M Progress Note Examples: Office, Established Client: AACAP (not E/M Office, Other Outpatient, Services)

E/M Services Codes and Procedures: When Provided in the Home, B&C, SNF or SNF Sub-Acute Settings Trainings and Resources--Continued



Regarding all below—regardless of what the document states, these are not to be utilized for E/M Office, Other Outpatient, Services which have new 2021 standards. You must read them as if they are only for E/M services when provided in the Home, B&C, SNF, or SNF Sub-Acute settings *even though they currently reference E/M Office, or Other Outpatient, Service codes.*

Templates:

1. E/M Progress Note Template: Based on the Elements
2. E/M Documentation Based on the Elements: Auditing Tool
3. Instructions for E/M Progress Note Template: Counseling & Coordination of Care
4. E/M Progress Note Template: Counseling & Coordination of Care

Online Training Resources:

1. The National Council Resource Page
2. 1997 Documentation Guidelines for Evaluation and Management Service
3. The American Psychiatric Association CPT Resource Page
4. The AMA CPT Resource Page



Questions



Technical Assistance

MH QA Coordinators may contact the QA Office for Technical Assistance at:

QAta@ACgov.org



**Alameda County Behavioral Health
Care Services**

thank you.