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

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

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

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

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

The elements of the templates include:

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

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

Current Diagnosis: Note the current diagnoses.

Diagnosis Update: Note any changes in diagnosis after visit.

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

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

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

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

CPT Code: Insert CPT code selected for service provided.

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

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

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