ProjectTEACH

TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH

Getting It Paid For!

Project TEACH and CLMHD

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NEW YORK STATE | Office of Mental Health

Welcome!

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Disclosure

Dr. Lashley is a partner of Allied Physicians Group, a partnership of over 130 physicians based mostly on Long Island

Using Time to Code a Visit

If counseling and coordination of care is >50% of a visit, then time alone can be used to determine the E/M Code

Using Time

Time Benchmarks for a visit: Document time in, time out, total counseling time, matters discussed

- 99212 10 minutes
- 99213 15 minutes
- 99214 25 minutes
- 99215 40 minutes

How to write a note based on Time

- Only HPI and Impression/Plan are needed.
- Detail the problem in HPI, use the appropriate Diagnosis: ADHD, Depression, Anxiety etc.
- Detail what was discussed in your treatment plan and counseling

How to write a note based on Time

- HPI: Patient is here for symptoms of inattention and school difficulty. Pt is in 2nd grade and getting complaints from teachers, and having academic failure etc....
- Imp/Plan: After review of symptoms and Conner's, Pt is diagnosed with ADHD. Parents and pt were counseled on how diagnosis is made and treatment plan consisting of: etc.
- Time in: 9 am, time out 9:50 am, time counseling 26 min total time 50 min (99215)

Using Time

- Don’t be afraid to code a level 5 visit if indicated
- 99354 is an additional code to 99215 if a visit lasts an additional 30 minutes (total 70 minutes)
- Document: Time in, Time out, total counseling time, matters discussed and plan

Treating Mental Health at a Well Visit

- Document and code your well visit (99394-99395).
- Make a separate note about the mental health issue
- Also Code 99212-99215 use modifier -25
- Document time counseling on Mental Health issues, matters discussed, plan

Visits and Time must meet a standard

Example: If a visit lasted around 15 minutes (99213) and counseling (and minimal care coordination) was not > 50% of the total time of the visit, time **cannot** be appropriately used for coding AND would be coded like any other visit

Time in: 3:02pm

Time out: 3:17pm

Time counseling: 7 min

Prolonged Services

Direct Patient Care	Outpatient
Face-to-Face	99354: first 30-74 min
Face-to-Face	99355: each add 30 min >75
Before or after Face-to-Face	99358: first 30-74 min of non face-to-face
Before or after Face-to-Face	99359: each add 30 min >75 min

Coding without Time

- When coding an E/M visit the main determinant of the level of service is the complexity of Medical Decision Making (MDM).
- MDM complexity must reflect the level of service despite other documentation.

ICD-10

- ADHD - F90.0 inattentive type
  .1 hyperactive type
  .2 combined
- Major Depressive Disorder
  F32- single episode
  F33- recurrent episode

Clues for Highly Complex Medical Decision-Making (MDM)

- High risk for morbidity: e.g. autism; bipolar depression; mental retardation
- Laboratory or other diagnostic tests requiring review
- Extensive differential dx. to consider=List DDX or discussion.

Proper documentation of the visit is the cornerstone of justifying the use of any specific E/M code.

Elements of Complexity: Established Patient (Meet 2/3)

Code (Time)	99211 (5 m)	99212 (10 m)	99213 (15 m)	99214 (25 m)	99215 (40 m)
MDM	N/A Minimal severity	Minimal # dx, data, risk	Limited # dx, data Risk: low	Dx: multiple Data: mod. Risk: mod.	Dx: extensive Data: Extensive Risk: high
HX (meet 3/3)	N/A	HPI:1-3 ROS: 0 PFSH: 0	HPI:1-3 ROS: 1 PFSH: 0	HPI: 4+ ROS: 2-9 PFSH: 1	HPI: 4+ ROS: 10+ PFSH: 2
Exam	N/A	1 body area/organ system	Limited affected body area/organ + 1 other related	Extended affected body area/organ system and other related	8+ organ system or complete exam of a single organ system

Well Visit with E/M Code

- 99383 5y-11y Preventive
- 99214-25 (2/3)
  - HPI: 4+ elements
  - ROS: 3
  - PFSH: 3
  - Exam: Was part of preventive service
  - MDM: Moderate severity

Procedures

- 96127-Brief Mental Health Assessment
- Do **NOT** use 96110 any more for these, unless you have written permission from a carrier
- May be charged alone without a visit, but documentation and report is needed.
- Use for: Vanderbilts, Columbia, SCARED, PSC etc…
- May use multiple units

Rating Scales

- Must be standardized-not your own form
- Informal checklists don't qualify
- Ex: Vanderbilt ADHD, SCARED, PSC-17, PHQ-9, Conner's ADHD, CBCL, BASC-2, BRIEF, CDS
- May assign one unit of 96127 for each form completed, scored, interpreted and noted in the medical record up to a max of 5

Rating Scales

- 96110 is for developmental screens such as: PEDS, Ages and Stages, PSC-Y
- 96161 is for post-partal depression screen (EPDS)
- 96127 is for Behavioral health screens such as Vanderbilt, SCARED, Columbia
- 96160 is for CRAFFT and ACT

Using 96127 w/ E/M

- Most insurer's computer software requires a modifier to get the procedure 96127 through their system
- Modifier -25 must be appended to the E/M code
- May be billed independently from a visit document the score and interpretation.

Modifiers (for our use here)

- -25: Significant, separately identifiable E/M service by the same physician on the same date of the procedure or other service

(This is the modifier you use when you find an acute problem during a well check-up, or give any vaccine!)

Coding well with Sick

- 99383
- 99214-25
- (2) 96127 (PSC, SCARED)

This is for insurers who allow -25 and multiple units of a procedure

Good News!: Non Face-to-Face Codes

- 99339-99340: Home care supervision
- 99358 Prolonged Service Not Face to Face relating to a prior visit (not paid often)

Domicillary/Home Care Supervision 99339

- Recurrent physician supervision of a complex patient or pt. who requires multidisciplinary care and ongoing physician involvement
- Non-face-to-face
- Reflect the complexity and time required to supervise the care of the pt.
- Reported separately from E/M services
- Reported by the MD who has the supervisory role in the pt's. care or is the sole provider
- Reported based on the amount of time spent/calendar month

Good News!: Non Face-to-Face Codes

- 99339-99340: Home Care Plan Oversight
- 99441-99449: Telephone Care
- 0074T: Online E/M Services
- 99080: Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting forms

Domicilliary/ Home Care Supervision

- Services less than 15 minutes reported for the month should not be billed
- 99339: 15-29 minutes/month
- 99340: greater than 30 minutes/month

Domicilliary/ Home Care Supervision

- Services might include:
  - Regular physician development and/or revision of care plans
  - Review of subsequent reports of patient status
  - Review of related laboratory and other studies
  - Communication (including telephone care) for purposes of assessment or care decisions w/ healthcare professionals, family members, legal guardians or caregivers involved in patient care
  - Integration of new information into the medical tx. plan and/or adjustment of medical tx.
  - Attendance at team conferences/meetings
  - Development of extensive reports

Domicilliary/ Home Care Supervision

- Services NOT included in care plan oversight:
  - Travel time to and from the facility or place of domicile
  - Services furnished by ancillary or incident-to staff
  - Very low-intensity or infrequent supervision services included in the pre- and post-encounter work for an E/M service
  - Interpretation of lab or other dx. studies associated w/ a face-to-face E/M service
  - Informal consultations w/ health professionals not involved in the pt's. care
  - Routine post-operative care

Home Care Plan Oversight Log

Date Last Appt.	Date of Service	Service	Action After Service	Time	Total Time/ month
2/8/10	2/20/11	TC: Talked w/mother re: severity of sxs	Offered to see Nora	12 min.	--
2/8/10	2/21/10	TC: Explained need for scale to teacher	Waiting for scales	13 min.	
2/8/10	2/24/10	Reviewed Teacher scale	Moved up Nora's appt.	4 min.	29 min.

How often can you follow up?

- Remember, a chronic condition, such as ADHD or depression, managed on an ongoing basis may be coded and reported as many times as applicable to the patient's treatment.
- The level of the E/M visit may change as the complexity of the child's needs change.

New Codes

- CPT 2018 included a few new codes to use by primary care physicians when consulting with a Psychiatrist Liaison

- 99492 Initial psychiatric care management (first 70 min in the first month of mental health management by a primary care provider in consultation with a psychiatrist consultant)

New Codes

- 99493 Subsequent management first 60 min
- 99494 each add'l 30 minutes per month
- Items Included: tracking progress, talking to the therapist, consulting with a psychiatrist, school, relapse prevention

References

- Lear, JG, Isaacs, Stephen L, Knickman, JR. School Health Services and Programs. Princeton, NJ: Robert Wood Johnson Foundation, 2006.
- US Department of Health and Human Services. Mental Health: A Report of the Surgeon General—Executive Summary. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; 1999

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American Academy of Pediatrics. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition.* Elk Grove Village, IL: American Academy of Pediatrics, 2008.

- AAP Committee on Coding and Nomenclature. *Coding for Pediatrics: A Manual for Pediatric Documentation and Payment, Fifteenth Edition. Elk Grove Village, IL: Academy of Pediatrics, 2010.*

- AAP Committee on Coding and Nomenclature. *aappediatric coding newsletter .Elk Grove Village, IL: Academy of Pediatrics, 2010.*

Resources

Committee on Children with Disabilities et al. Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics*. 116 (1), July 2006; 405-420.

Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Data Resource Center for Child and Adolescent website: www.nschdata.org

- RUC Database: www.catalogue.ama-assn.org or call 800/621-8335

CPT Updates

- Documentation guideline revisions by CMS and AMA: www.cms.hhs.gov/MLNProducts
- AAP updates on these: www.aap.org; AAP News; *AAP Pediatric Coding Companion* newsletter
- AACAP updates published in their newsletter

Resources

- www.aap.org/sections/schoolhealth
- www.aap.org/mentalhealth
- www.aacap.org
- www.schoolpsychiatry.org

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Questions?

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