Practice Innovation Program
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

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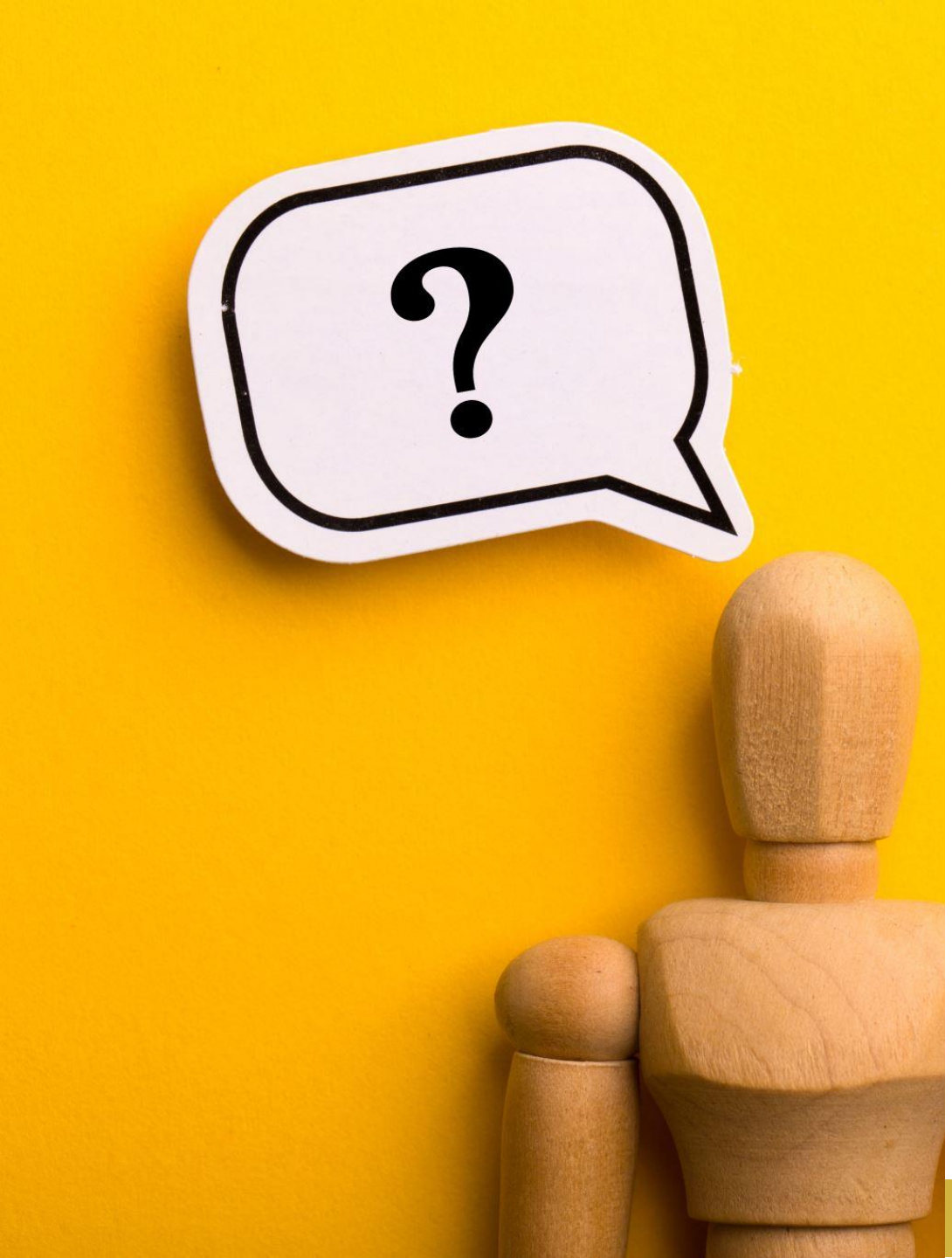
Healthcare Practice Transformation

COLORADO
Department of Health Care
Policy & Financing

1302 Practice Business Operations Learning Community

May 15, 2024

Department of
Family Medicine



Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the Practice Innovation Program website.

https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices

1302 Affinity Groups

- Interactive, Peer to Peer Learning: Connect with peers facing similar challenges and exchange invaluable knowledge and experiences.
- Expert Guidance: Benefit from expert-facilitated sessions offering actionable advice and insights into optimizing your practice's operations.
- Resource Sharing: Access and share resources with peers and facilitators, including toolkits, templates, and case studies, to streamline your journey towards integrated care.
- Networking Opportunities: Forge meaningful connections with other care teams to foster collaborations that drive positive change in integrated care delivery.

1302 Affinity Groups

1. Processes and Workflows to Support Integrated Care
2. Behavioral Health in Pediatrics
3. Integrating Primary Care in Behavioral Health Organizations

Please complete this survey to express your interest in joining an Affinity Group:
https://redcap.ucdenver.edu/surveys/?s=DJ97JNACXDW3P3RW

Join us on 5/29/2024, 12:00-1:00 for our virtual Affinity Group Kickoff Meeting:
https://ucdenver.zoom.us/j/97279403447

TODAY'S TOPIC

Coding and Documentation Concepts for Behavioral Health

Pam Ballou-Nelson, Healthcare Consulting, Inc.
Mike Enos, Enos Medical Coding

QUESTIONS?

Health First Colorado (Colorado's Medicaid Program) Managed Care and CHP+ provider complaint form

If you are having challenges with claims, denials, conflicting guidance between Medicaid Code Editors (MCEs), or other concerns, please submit your experience on the Health First Colorado Provider Complaint Form,

(https://docs.google.com/forms/d/e/1FAIpQLSfBmXdALnrgrZbALjYc0dg43s8Q5Uqix28_X2Fvc-Q1qY-KRw/viewform)

Upcoming Practice Learning Community Events

Leasing Behavioral Health Professionals
Speaker **–** Lisa Rothgery, MD
Thursday, May 23rd, 2024, 12pm to 1pm

Affinity Group Kickoff Meeting
Facilitator - HealthTeamWorks
Thursday, May 29th, 2024, 12pm to 1pm

Onboarding Behavioral Health Professionals
Speaker **–** Marisa Kostiuk, PsyD
Wednesday, June 12th, 2024, 12pm to 1pm

Trauma-Informed Care in Pediatrics
Speaker – Lauren Eckheart, PsyD, MA
Wednesday, July 17th, 2024, 12pm to 1 pm

To subscribe to CHES updates, including all Learning Community opportunities, sign up: https://bit.ly/chessignup

Scan to complete evaluation

https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_7P46GPQ53kqAlIG

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THANK YOU!

CODING AND DOCUMENTATION CONCEPTS FOR BEHAVIORAL HEALTH

Presented by Mike Enos, CPC,CPMA, CEMC

Billing Compliance Specialist

Enos Medical Coding

5/15/2024

ENOS Medical Coding

Approved Instructor

Agenda

- Documenting Medical Necessity
- Psychotherapy Codes/Time
- Interactive Complexity
- Other Psychotherapy
- Evaluation & Management
  - New Add-on Code G2211
- Question & Answer

Documentation is CRITICAL!

- The primary function of the medical record is to convey important medical information in order to ***deliver optimal care to the patient***.
- A secondary function of the medical record is for ***medicolegal*** purposes.
- Lastly the medical record acts as a sort of ***invoice***.

Cloned Documentation

- Electronic Medical Records offer advantages but have brought about unique pitfalls to avoid.
- A proper template should include necessary information, but avoid “note bloat.”

Cloned Documentation

- According to CMS, “documentation is considered **cloned** when it is worded exactly like or similar to previous entries.”
- Documentation is also considered to be cloned when the documentation is exactly the same from patient to patient.
- Cloned documentation could cause payment to be denied in the event of a medical review audit of records.

Cloned Documentation

A few examples we have seen:

- Mental status exam is exactly the same word-for-word every time.
- Details included in the history are obviously cloned and can't be correct.
- Exam mentions that the patient is wearing the same thing.
- The entire record is exactly the same, it even has the wrong date.

Cloned Documentation

Documentation Tips:

- Make sure each encounter is unique so that it supports the services being billed.
- Even if many aspects of the patient's history or exam are essentially the same, use verbiage that compares their present condition with the last time you saw them:
  - Patient compulsively blinks his eyes. This is about baseline compared to the last time I saw him.
  - The patient is once again wearing the same black sweatshirt that he was wearing the last time I saw him.
  - Patient makes good eye contact, this is improved from our last encounter.

Medical Necessity

- The chief complaint describes the reason for the encounter.
- It should be clearly stated or easily inferred from the HPI.
- Without a properly document chief complaint, the claim may be denied due to ***lack of medical necessity.***
- A well-documented chief complaint establishes the medical necessity for the frequency or extent of the services

Medical Necessity

- The chief complaint is often stated in the patient's own words. It should be stated in a way that describes the patient's ***problem or condition***, and/or the reason for the encounter:
  - "I can't sleep"
  - Follow-up: depression and anxiety
  - Patient seen for evaluation of outbursts at school and worsening grades

- Avoid complaints that are vague, and don't describe the patient's condition:
  - **Routine visit**
  - **Here for f/u**
  - **Patient here for scheduled visit**

Psychiatric Diagnostic Evaluation

- 90791 (no medical component)
  - Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations.
  - The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.

Psychiatric Diagnostic Evaluation

- 90792 (medical component)
  - Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial assessment ***and medical assessment***, including history, mental status, ***other physical examination elements as indicated***, and recommendations.
  - The evaluation may include communication with family or other sources, ***prescription of medications***, and review and ordering of ***laboratory*** or other diagnostic studies.

Medical Thinking

Medical thinking is likely the main component that differentiates an evaluation by a psychiatrist, APN, or PA from one by a non medical provider:

Includes *consideration* of

– Medical history and comorbidities

– Medications prescribed by others

– Further medical work up

– Medical treatments

– Integration of signs and symptoms from a medical standpoint

Psychiatric Diagnostic Evaluation (90791-90792)

- The psychiatric diagnostic procedure codes require the elicitation of a **complete** medical (including past, family, social) and psychiatric history, a mental status examination, establishment of an initial diagnosis, an evaluation of the patient's ability and capacity to respond to treatment, and an initial plan of treatment.
- In 90792, additional medical services such as physical examination and prescription of pharmaceuticals are provided in addition to the diagnostic evaluation.
- This service may be covered once, at the outset of an illness or suspected illness.

Psychotherapy

According to the AMA, psychotherapy is defined as “the treatment for mental illness and behavioral disturbances in which the physician or other qualified health care professional through definitive therapeutic communication attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourages personality growth and development.”

Psychotherapy Coverage

- The patient has a **psychiatric illness** or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning.
- The **type**, **frequency** and **duration** of services must be medically necessary for the patient's condition under accepted practice standards.
- There must be a reasonable **expectation of improvement**.
- The patient must have the **capacity to actively participate**.
- For patients suffering from **dementia**, the type and degree of dementia must be taken into account.
- The **duration** of psychotherapy must be individualized for every patient.

Psychotherapy Coverage

In order to qualify for coverage, the services must meet certain criteria:

- Individualized Treatment Plan
- Reasonable Expectation of Improvement
- Frequency and Duration of Services

Individualized Treatment Plan

The plan must state the ***type***, ***amount***, ***frequency***, and ***duration*** of the services to be furnished and indicate the diagnoses and anticipated goals.

(A plan is not required if only a few brief services will be furnished.)

Reasonable Expectation of Improvement

- Services must be for the purpose of diagnostic study or reasonably be expected to **improve the patient's condition**.
- The treatment must be designed to reduce or control the patient's psychiatric symptoms and **improve or maintain** the patient's level of functioning.
- When stability can be maintained with less intensive treatment, the psychological services are no longer **medically necessary.**

Frequency and Duration of Services

- There are **no specific limits** on the length of time that services may be covered.
- If the evidence shows that the patient continues to **show improvement**, and the frequency of services is within **accepted norms** of medical practice, coverage may be continued.
- When there is n**o reasonable expectation of improvement**, the outpatient psychiatric services are no longer considered reasonable or medically necessary.

Psychotherapy Documentation

- ❑ **Name** of beneficiary and date of service
- ❑ **Type** of service (individual, group, family, interactive, etc.)
- ❑ **Time** element, where time spent performing psychotherapy services is documented
- ❑ **Modalities** and frequency of treatment furnished
- ❑ A clinical note for each encounter including: **diagnosis, symptoms, functional status, focused mental status examination, treatment plan**, **prognosis**, and **progress to date**.
- ❑ **Identity and professional credentials** of the person performing service

Psychotherapy Documentation

- ❑ **Capacity to participate in psychotherapy** (where there is cognitive impairment)
- ❑ **Target symptoms**
- ❑ **Goals of therapy**
- ❑ **Methods of monitoring outcome**
- ❑ **Time** spent in therapeutic maneuvers
- ❑ **Periodic summary of goals, progress toward goals, and updated treatment plan**

Prolonged periods of psychotherapy must be well-supported in the medical record describing the necessity for ongoing treatment.

Psychotherapeutic Maneuvers Employed

- Providers are encouraged to clearly document the psychotherapeutic maneuvers employed.
- Psychotherapy does not include teaching grooming skills, monitoring activities of daily living (ADL), recreational therapy (dance, art, play) or social interaction. Therefore time spent performing these services **should not** be included in psychotherapy time.

Psychotherapy Providers

- While a variety of psychotherapeutic techniques are recognized for coverage, services must be performed by persons authorized by their state to render psychotherapy services:
  - Physicians,
  - clinical psychologists,
  - registered nurses with special training, and
  - clinical social workers.

Psychotherapy Time

- When billing for psychotherapy, the codes are based on the amount of **time** spent in psychotherapy, and whether or not there was a **medical** evaluation and management service performed in conjunction with psychotherapy:

Psychotherapy Alone	
Time	**Report**
30 (16-37)	90832
45 (38-52)	90834
60 (53+)	90837

Psychotherapy Plus E/M	
Time	**Report**
30 (16-37)	E/M + 90833
45 (38-52)	E/M + 90836
60 (53+)	E/M + 90838

Psychotherapy Time

- These codes are based on the amount of time spent in psychotherapy, therefore the documentation must include ***specifically*** how much time was spent ***in psychotherapy.***

Time spent with patient today: 60 minutes

Appointment time: 10:00am – 10:45am

Time spent *in psychotherapy* today: 60 minutes

40 minutes of this 50 minute visit were spent in psychotherapy.

Psychotherapy Time

Do:

- Psychotherapy time: 9:05am to 10am
- 40 minutes spent in psychotherapy today
- 50 minutes of this 60-minute session was spent in psychotherapy

Don't:

- Session time: 9am to 10am (especially if the schedule shows a different appointment time/length)
- 1 hour spent with patient today
- Very lengthy session today, I spent most of my morning with this patient.

Psychotherapy Tips

- When documenting time for an encounter with psychotherapy alone, simply document the estimated time spent in psychotherapy.
- Make a template with the required elements so you don’t forget any.
- Don’t forget, interactive complexity may still be reported for these visits!

Interactive Complexity

- 90785 is an add-on code, it is never reported alone. Instead, it is reported in conjunction with a 'parent' or 'primary' procedure, and results in increased reimbursement for the added complexity.
- 90785 describes 4 types of **communication factors**. It also describes 3 types of **patients and situations** most commonly associated with interactive complexity.

Typical Patients/Situations

Others legally responsible for patient's care

- **minors or adults with guardians**

Others involved in patient's care during the visit

- **adults accompanied by family members or interpreter**

Required involvement of other third parties

- **child welfare agencies, parole officers, schools**

Interactive Complexity

4 Specific Communication Factors are identified

1) Maladaptive Communication among visit participants
2) Interference from caregiver emotions or behavior
3) Disclosure and discussion of a sentinel event
4) Language difficulties

- These complicate the work of the primary psychiatric procedure
- Note that these are communication factors ***during*** the session.

Interactive Complexity

1) Maladaptive Communication among visit participants

The need to manage maladaptive communication (high anxiety, high reactivity, repeated questions, disagreement) among participants that complicates delivery of care.

2) Interference from caregiver emotions or behavior

Caregiver emotions or behavior that interfere with implementation of the treatment plan.

Interactive Complexity

3) Disclosure and discussion of a sentinel event

Evidence or disclosure of a sentinel event and mandated report to a third party with initiation of discussion of the sentinel event and/or report with patient and other visit participants.

4) Language difficulties

Use of play equipment or interpreter to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language, or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Interactive Complexity

The following examples <u>are not</u> interactive complexity:

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

Interactive Complexity

The Interactive Complexity add-on code **+90785** may be reported in conjunction with the following primary procedures:

- Psychiatric Diagnostic Evaluation (90791,90792)
- Psychotherapy (90832-90838)
- Group Psychotherapy (90853)

It **may not** be reported in conjunction with:

- An E/M procedure alone
- Family psychotherapy
- Psychotherapy for crisis

Family Therapy

Services involving the treatment of the family unit when maladaptive behaviors of family members are exacerbating the beneficiary's mental illness or interfering with the treatment, or to assist the family in addressing the maladaptive behaviors of the patient and to improve treatment compliance.

Family Therapy

- Family psychotherapy services are covered only where the primary purpose of such psychotherapy is the treatment of the patient's condition:
  - When there is a need to observe and correct, through psychotherapeutic techniques, the patient's ***interaction with family members.***
  - Where there is a need to ***assess the conflicts*** or impediments within the family, and assist, ***through psychotherapy***, the family members in the management of the patient.
- The term "***family***" may apply to traditional family members, live-in companions, or significant others involved in the care of the patient.

Family Therapy vs Individual Therapy

- Procedure codes **90847** describes the treatment of the family unit, or to assist the family in addressing the behaviors of the patient.
- Encounters for individual psychotherapy where some information is obtained from someone other than the patient (e.g. the patient's mother) **should not** be coded as Family Therapy.

Other Psychotherapy

- Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. Treatment includes:
  - Psychotherapy,
  - Mobilization of resources to defuse the crisis and restore safety,
  - Implementation of psychotherapeutic interventions to minimize the potential for psychological trauma

- The presenting problem is typically ***life threatening*** or complex and ***requires immediate***

Other Psychotherapy

- Psychotherapy time computed by total face-to-face time with the patient and/or family, even if the time is not continuous.
- Cannot provide services to any other patient during the same time period.
- **90839** is for the first 60 minutes (30-74 minutes)
- **+90840** is an add-on code for each additional 30 minutes (75-104, 105-134, etc.)

Evaluation & Management
Total Time or MDM

New Pt Office Visit		
E/M Code	MDM	Time
99202	S.F.	15 - 29
99203	Low	30 - 44
99204	Moderate	45 - 59
99205	High	60 - 74

Established Pt Office Visit		
E/M Code	MDM	Time
99212	S.F.	10 - 19
99213	Low	20 - 29
99214	Moderate	30 - 39
99215	High	40 - 54

New Add-on Code G2211

CMS will cover this add-on code when it is billed with an office visit to better account for the additional resources of visits associated with:

- Serving as the **continuing focal point** for all of the patients' health care services needs
- Ongoing medical care related to a patient's **single, serious** condition, or **complex** condition

New Add-on Code G2211

- G2211 captures the inherent complexity of the visit that's derived from the **longitudinal nature** of the practitioner and patient relationship.
- The complexity that code G2211 captures isn't in the clinical condition, the complexity is in the **cognitive load** of the continued responsibility of being the focal point for all needed services for the patient.

New Add-on Code G2211

- There is no additional documentation required to bill G2211. The documentation only needs to show a **medically reasonable and necessary** office/outpatient E/M visit.
- G2211 reimburses approximately $16.05
- G2211 may not be reported without reporting an **associated O/O E/M visit**.
- G2211 isn't payable when the associated O/O E/M visit is reported with **modifier 25**

New Add-on Code G2211

Example:

A patient sees their primary care provider for sinus congestion. The PCP weighs conservative treatment or antibiotics. The PCP decides on a course of treatment and communicates recommendations to the patient.

99213

G2211

New Add-on Code G2211

Example:

During a session with their psychiatrist, Mr. R, diagnosed with bipolar disorder, discusses worsening mood swings and admits to inconsistent medication use. Trusting his psychiatrist, he shares this due to their established rapport. The psychiatrist adjusts treatment and emphasizes medication adherence, stressing the importance of ongoing care. This highlights the complexity of managing behavioral health conditions, where trust is crucial, warranting consideration for codes like G2211.

99214

G2211

Questions?

ENOS Medical Coding

Approved Instructor

Should the provider only code for behavioral diagnoses, or medical diagnoses as well?

According to CMS, providers should code all documented conditions that coexist at the time of the encounter, and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. Some diagnoses may have 'history of' codes if the historical condition has an impact on current care or influences treatment.

About the Speaker

Mike Enos, CPC,CPMA,CEMC has over 15 years of experience in medical coding, billing compliance and revenue cycle management and has developed a suite of online training courses on Evaluation and Management, ICD-10 and CPC preparation.

After earning a B.A. from Rhode Island College, Mike pursued three professional medical coding certifications, including Certified Professional Coder (**CPC**), Certified Professional Medical Auditor (**CPMA**) and Certified Evaluation and Management Coder (**CEMC**). Mike's experience with public speaking and education adds a unique perspective to the CPC training courses offered by Nancy Enos, FACMPE, CPC-I, CPMA, CEMC. Mike became a certified CPC instructor (**CPC-I**) in 2016.

Mike has contributed articles to *Medical Economics* and *MGMA Connection* Magazine, and *AAPC Coder's Edge* magazine, and collaborated with *Physicians Practice*, *Contemporary OB/GYN*, and *Contemporary Pediatrics* magazines. He has presented at Regional and National MGMA Conferences, AAPC Chapter Meetings, the Rhode Island Medical Society, and the New England Quality Care Alliance (**NEQCA**) Fall Forum. He has joined the MGMA Health Care Consultant Group, and is a partner in Enos Medical Coding. He has joined several nationally accredited professional organizations, including the American Academy of Professional Coders (**AAPC**), National Alliance of Medical Auditing Specialists (**NAMAS**), Medical Group Management Association (**MGMA**), and American College of Medical Practice Executives (**ACMPE**.)

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Reference Material:

Contractor Name: Novitas Solutions, Inc.
MAC Jurisdiction: H
States: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas
Article ID: L35101
Title: Psychiatric Codes
Link to article

Contractor Name: Novitas Solutions, Inc.
MAC Jurisdiction: H
States: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas
Article: Checklist: Psychotherapy services documentation
Link to article

Publisher: Medicare Learning Network
Article: Evaluation and Management Services Guide
ICN: 006764 January 2020
Link to article

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