QRTips

February 2016

MD CPT Codes

I. Evaluation and Management (E/M) codes:

- 99212 –Typical time for Face to Face is 10 up to 39 minutes
- 99213 - Typical time for Face to Face is 15 up to 44 minutes
- 99214 - Typical time for Face to Face is 25 up to 54 minutes
- 99215 - Typical time for Face to Face is 40 up to 69 minutes

In addition to using the above E&M codes for continuing medication services, any of these codes **must** be used for an **Initial Psychiatrist Visit** when determining to prescribe or not prescribe. The Assessment Code 90899-6 should no longer be used for these initial psychiatric visits. Any of the E&M codes should be selected based on the Time Method or Key Component Method. Either method requires the correct documentation to bill for the service.

II. Established Patient Custodial Care E/M Codes (99334-99337)

- Use only for E/M services provided to patients residing in nursing homes or other locations not considered the client's private residence.
- There is no need to use the prolonged visit codes with these E & M codes
- Document the medical necessity for this intervention
- Include the illness or injury that makes them homebound or if placed in group home by the court.
- Established patient means any clinician seeing the patient in last 3 years

- **Special Note:** For Custodial Care E/M Codes, the Home Location will likely be "Children or Youth Group Home." If the location happened to be at the youth's private residence, then you would select from the Home Visit E/M Codes. Notice that both Home Visit and Custodial Care E/M Codes are not used for any inpatient facility or hospital.

  - 99334-Typical time for face to face is approximately (1 – 20 minutes.)
  - 99335 Typical time for face to face is approximately (21-32 minutes).
  - 99336 Typical time for face to face is approximately (33 to 50 minutes).
  - 99337 Typical time for face to face is approximately (over 51 minutes).

III. Established Patient Home Visit E/M Codes (99347-99350)

- Use only for E/M services provided to patients residing in their own private residence; not for other types of facilities
- Document the medical necessity for this intervention
- Include the illness or injury that makes them homebound
- Established patient means any clinician seeing the patient in last 3 years

  - 99347-Typical time for face to face is approximately (1 to 20 minutes.)
  - 99348 Typical time for face to face is approximately (21 to 32 minutes).
  - 99349 Typical time for face to face is approximately (33 to 50 minutes).
  - 99350 Typical time for face to face is approximately (over 51 minutes).

- E/M Codes (99347-99350) **APPLY ONLY** to E/M services furnished to a patient residing in his or her own private residence and not any type of facility, according to the Medicare Internet Only Manual (IOM, Publication 100-4, Chapter 12, Section 30.6.14). Remember, a nursing home, rest home or domiciliary do not count as a patients private residence.

- To be considered homebound, the patient does not have to be bedridden but must have an illness or injury that makes it difficult to leave the home without supportive devices or another person's help. The condition of these patients should be such that there exists a normal inability to leave home and, consequently, leaving his

or her home would require a taxing effort. If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from home are infrequent or for periods of relatively short duration.

- The home visits should be for established patient. Place of Service (POS) is not a factor when determining new vs. established. If the provider or anyone in his clinic in the same specialty saw the patient anywhere in the last 3 years, then it is considered established.

IV. Other codes

- **Continued Codes**

  - **90899-8 Comp Med Svc W or W/O Pt Present-** A psychiatrist would use this (even if the client is not present) for services such as a conversation with, or phone call with care coordinator, pharmacy, board and care, family members.

    A review of existing records (for medication services), or chart summary are a non-billable activity per recent DHCS directives. Additional non-billable activity also includes conversations with the care coordinator, **which does not result in a change in the treatment plan**. This type of activity should be specified and coded as non-billable. In the County EHR, non-billable activities can be specified in the electronic progress note under the **non-billable section.** In the activity under this code is billable to Medi-Cal there must be an Interim Treatment Plan (ITP) if this code is selected during the assessment phase.

V. CPT Modifiers

a. Modifier II Evidence Based Practices and add-on codes drop down menu on the ED:

- + 99354 Prolonged E/M code **(can only be used one time)**
- + 90833 Psychotherapy with E/M 30 (16-37 minutes)
- + 90836 Psychotherapy with E/M 45 (38-52 minutes)
- + 90838 Psychotherapy with E/M 60 (53+ minutes)

Reminder:

- MD first must select an E/M code (99212-99215) based on the time from the Billable CPT drop down menu and then select one of the Psychotherapy with E/M add-on code (+90833, +90836 or +90838) from the CPT Modifier II drop down menu.
- The Key Component Method must be used if an MD uses the Psychotherapy with E/M codes.
- If an MD uses the Psychotherapy with E/M codes; their intervention needs to be listed on the CSP or those PNs will be at risk for recoupment during an audit.

b. Modifier III Unusual Procedures and other add-on codes drop down menu on the ED:

- + 99355 additional prolonged E/M visit x_____ (used as many times as needed for every increment of 30 Minutes) Ex. 99214 with a FTF minutes of 160 minutes then the MD needs to select +99354 and +99355 x 2
- + 90785 Interactive complexity

Interactive "add-on" for psychotherapy services CPT +90785:

This is an add-on code that can only be used if a psychotherapy code has already been selected. Thus the +90785 add-on code can only be used in addition to a psychotherapy code (90832, 90834, or 90837) or in addition to a psychotherapy add-on code (+90833, +90836, or +90838) when one of those codes is used with an E/M code. This code (+90785) can never be used as an add-on to just an E/M code.

*If the Manual form is used, you need to include the CPT code, the HCPCS Code and the description of the code (ex. 99214 (H2010-HE Detail H & E Mod Dec/25 Min) - See **2013 HCA ED Coding Guides for MDs** for a list of codes*

For further information on how to document based on the Time Method or the Key Component Method refer to:

MD CPT Changes PowerPoint: http://www1.ochca.com/ochealthinfo.com/training/bhs/cpt/CPT-changes.pps

Current MD ED/Progress Notes can be found in the AQIS CYBH Support website:
http://www1.ochca.com/ochealthinfo.com/training/bhs/apt/2015/cybh/county.htm