American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New Jersey Chapter

Supporting Children and Families:

DEALING WITH ADVERSE CHILDHOOD EXPERIENCES AND RECOVERY POST SANDY

New Jersey Department of Children and Families

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CPT Coding, Documentation and Payment for Mental Health Problems in the Pediatric Office

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Disclosure

The following faculty have nothing to disclose:

- Sherry Barron-Seabrook, MD, FAAP, FAACAP
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Pediatricians and Mental Health Care

Why pediatricians need to care for mental health problems

- About 20% of children have psychiatric disorders
- Pediatricians are the first line of defense in identifying these disorders
- Critical Shortage of Child Psychiatrists and other Child Mental Health professionals
- Pediatricians need to manage these children in collaboration with child psychiatrists

Obstacles to Mental Health Care

- Lack of mental health providers for children
- Lack of programs for psychiatrically impaired children
- Long wait lists

- Poor reimbursement for services rendered
- Parity laws not being followed
- Insurance carve-out plans and limitations of coverage

- Stigma

Parity Law

Mental Health Parity and Addiction Equity Act

- Sponsored by Paul Wellstone and Peter Dominici
- Passed 2008

Affordable Care Act (ACA)

- Passed 2010
- Included mental health care as an essential benefit

What this means

- Mental health care disorders must have the same requirements, re-imbursement schedules, deductibles and co-pays as all other medical disorders

The Challenges

Diagnosis

- Coding a Mental Health Diagnosis so it will get reimbursed

Time Consuming

- Coding correctly to get reimbursed for the time

CPT Codes

- Evaluation
- Ongoing Care

Psychiatric Coding Changes

2013 – Psychiatric CPT codes revised

- Psychiatric Medical Management Services are reported by using Evaluation and Management (E/M) codes

- For psychotherapy services performed with a medical management service, an add-on Psychotherapy code is used

- Managed Mental Health benefit plans (carve-outs) must recognize and reimburse for E/M codes

E/M Overview

3 Major Key Components

- History
- Exam
- Medical Decision Making

3 Contributory Factors

- Counseling
- Coordination of Care
- Nature of Presenting Problems

Time

Office Visit Codes

992xx series

5 Levels of Service determined by

- Key Components – driven by complexity of medical decision making
  - 2 out of 3 Key components must meet or exceed the level of care
  - Services performed must be MEDICALLY NECESSARY
- Time – if counseling and coordination of care represents more that 50% of the patient encounter, then time becomes the controlling factor for determining the code level

History

Chief Complaint – reason for visit

History of Present Problem – chronological description

- Location –emotional or behavioral for psychiatric
- Quality- sad, tearful, depressed, agitated, manic
- Severity- mild, moderate, severe
- Timing and duration –when started, how long it lasts
- Context – situations when symptoms occur
- Modifying factors – things that affect symptoms
- Associated signs and symptoms- additional symptoms related to problem

History -continued

Past History

- Include psychiatric history and school history

Family History

- Include psychiatric history

Social History

Review of Systems

- Constitutional
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/immunologic

Time

- Key factor when counseling and coordination of care dominate the service
- Must account for more than 50% of the typical face – to – face time of the visit
- Includes time with the patient as well as time with family or with others involved in the patient's care
- DOES NOT include time spent before or after the visit
- The extent of the counseling and coordination of care must be documented in the medical record

Medical Decision Making

- Refers to the **COMPLEXITY** of establishing a new diagnosis and /or determining the status of existing diagnoses and/or selecting management options
- Determined by:
  - Number and complexity of problems considered at the encounter
  - Amount and complexity of data – diagnostic studies, rating scales, review of medical records, difficulty obtaining relevant information due to medical, cognitive, psychosocial or other obstacles
  - Risk – significant complications, morbidity/mortality of problems and/or management options

Prolonged Service Codes

- Add-on Codes
  - Added on to the E/M code when the time spent exceeds the typical face – to - face time for that code
- With Direct Patient Contact (office)
  - 99354 - 1st hour
  - 99355 - each additional 30 minutes
- Without Direct Patient Contact
  - 99358 - 1st hour
  - 99359 - each additional 30 minutes

Prolonged Services Guide

Total Duration of Prolonged Service	Code
less than 30 min	not reported
30-74 minutes	99354
75- 104 minutes	99354 + 99355
105 or more	99354 + 99355 x 2

E/M Telephone Codes 99441-99443

- Utilized to report episodes of patient care initiated by the patient or guardian of an established patient
  - 99441 – 5-10 minutes
  - 99442 – 11-20 minutes
  - 99443 – 21-30 minutes

- The codes cannot be reported if
  - the patient is seen within the next 24 hours
  - the call is received within 7 days following an E/M visit

Inter-Professional Telephone Consultation Codes 99446-99449

- Inter-professional telephone/Internet assessment and management service provided by a consultant physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-30+ minutes of medical consultative discussion and review
  - 99446 – 5-10 min
  - 99447 – 11-20 min
  - 99448 – 21-30 min
  - 99449 – > 30 min
- New code – reviewed in 2013
- No value assigned yet – carrier priced
- Medicare does not recognize it yet

On-Line Medical Evaluation 99444

- Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

- Carrier priced – not valued by RUC or CMS

Documentation

Documentation facilitates the ability to:

- Evaluate and Plan Treatment
- Monitor health care over time
- Communicate and facilitate continuity of care among health care professionals
- Appropriate utilization review and quality of care evaluations
- Collection of data that may be useful for research and education
- Accurate and timely claims review and payment
- Serves as a Legal Document to verify care provided

- Medicare Part B guidelines for Psychiatric Documentation

General Documentation Requirements (CMS)

- The medical record should be complete and legible.
- The documentation of each visit should include:
  - The date.
  - The reason for the visit (medically necessary).
  - Appropriate history and physical exam.
  - Review of lab, X-ray data and other technical services, where appropriate.
  - Assessment, clinical impression.
  - Plan for care (including discharge plan, consultations, etc, if appropriate).

DOCUMENTATION *(continued)*

- When billing by TIME
  - Document the approximate time spent doing counseling, guidance and education
  - Document topics addressed during the discussion
- Use templates based on CMS criteria for E/M codes
- Allow for narrative descriptions of exam
- Avoid checkbox use as the only record
- Avoid copy and pasting

What NOT to Document*

- Details about sexuality or sexual behaviors
- Details of interpersonal conflicts
- Embarrassing issues if disclosed
- Third party names

* Lambert K, Wertheimer M: Allied World Assurance Company Holdings

Diagnosis Challenges

- Common codes
  - ICD -9CM (Chapter 5 Mental Disorders 290-319)
- Alternate codes
  - ICD -9CM (Chapter 11 –780 - 799 series – Signs and symptoms and ill-defined conditions)
- Consider re-submitting claim with an alternative diagnosis

Alternate Codes – Emotional and Behavioral

ICD-9CM 290 - 319	ICD-9 CM - ALTERNATES
300.00 Anxiety Disorder, nos	799.21 Nervousness
No equivalent	799.22 Irritability
296.90 Mood Disorder, nos	799.24 Emotional lability
301.13 Cyclothymic Disorder	
314.01 ADHD, combined	799.23 Impulsiveness
312.30 Impulse Control nos	
311.0 Depressive Disorder, nos	799.25 Demoralization and Apathy
300.9 Unspecified Mental Disorder, non-psychotic	799.29 Other signs and symptoms involving emotional state

Neuro-Developmental Cognitive Symptoms

ICD-9CM 290 - 319	ICD-9 CM - ALTERNATES
315.4 Developmental Coordination Disorder	781.3 Lack of Coordination
No Equivalent	783.42 Delayed Milestones
315.00 Reading Disorder	784.61 Alexia or Dyslexia
315.5 Mathematics Disorder	784.69 Other symbolic dysfunction
315.2 Disorder of Written Expression	
314.00 ADHD, inattentive	799.51Attention of Concentration deficit

VIGNETTES for E/M CODES

Vignette 1

- Office visit for 20 year old college student with long term ADHD, on stimulant medications, home from college, requesting refill.

- MDM estimate — Low
- Time estimate — 15 min
- CODE — 99213

99213 Documentation Requirements

- History Expanded Problem focused

OR

- Exam Expanded Problem focused

- MDM Low
- Documentation
  - Chief Complaint
  - History – brief 1-3 elements
  - ROS – 1 problem pertinent

or

  - Exam – 6-8 bullets

99213 History (1-3 Elements)

- Office visit for medication for ADHD
- Patient states doing well in school now. (context)
  Focus good on medications. (location)
- ROS Acknowledged mild appetite suppression

99213 Exam (6-8 Bullets)

- Well-developed, casually groomed slender young adult
- Speech fluent, clear
- Alert, oriented x3
- Focus good in 1:1 setting
- Thought process logical, goal oriented, no circumstantial, tangential thinking;
- No psychosis, denies suicidal ideations
- Affect/mood full range, appropriate; euthymic

Medical Decision Making

Low

1 stable chronic problem

No data to review

Risk – low – 1 stable problem

moderately – prescription med

Billing

99213	Office visit – low – 15 min	$ 72.94
	Total	$ 72.94

Medicare rates- 2015

Vignette 2

- 16 year old female, established patient diagnosed with anorexia nervosa 6 months ago, 87% IBW(ideal body weight), on an SSRI, comes in for a weigh-in. She complains of increasing feelings of panic when she has meals. Mother attends with her.

- MDM estimate — low-moderate
- Time estimate — 15 min
- CODE — 99213

99213 History (1-3 Elements)

- CC: 16 year old follow-up weigh-in visit for anorexia on SSRI, accompanied by mother
- HPI: Pt reports increased anxiety[1] at the dinner table[2]. Blames parents for commenting on her eating.[3]
- ROS: States wt is stable[4]

1. Location (psychiatric)
2. Context
3. Modifying Factors
4. 1 system Constitutional

- **Expanded Problem Focused**

99213 Expanded Problem Focused (6 Bullets)

- Psychiatric Single State Exam
  - 6 bullet points described
- Mental Status Exam
  - Fluent, coherent, normal paced speech
  - Age appropriate language
  - Logical, goal directed thought processes
  - Normal associations
  - No psychosis ; obsessive thoughts of food
  - Affect mildly constricted and labile with inc anxiety when describing symptoms
- **Expanded Problem Focused**

Medical Decision Making

Problem	3 problem points	Mod
	1 established – AN and stable –	1 point
	1 established – anxiety and worsening -	2 points
Data	3 data points	Mod
	history obtained from mother and child	1 point
	disc new sx with therapist	2 points
Risk	2 problems – 1 worsening	Mod
	Rx med,	Mod

Vignette 3

- 16 year old female, established patient diagnosed with anorexia nervosa 6 months ago, 87% IBW, describes increasing feelings of panic when she has meals. Mother attends with her.

- MDM estimate — moderate
- Time estimate — 25 min

- CODE — 99214

Detailed History (99214)

- History - Extended - 4 or more elements

  OR

  3 chronic conditions

- PFSH Pertinent – 1 element

- ROS Extended – 2-9 systems

99214 Detailed History

- CC: 16 year old follow-up visit for anorexia on SSRI, accompanied by mother
- HPI: Pt reports increased anxiety[1] at the dinner table[2]. Blames parents for commenting on her eating.[3]
- She acknowledged that she is compulsively exercising [4]2-3 hours/day [5]
- PFSH: Peers concerned about her weight[6]
- ROS: States wt is stable
- Acknowledged vomiting after eating[7]

1. Location (psychiatric)
2. Context
3. Modifying Factors
4. Associated signs/symptoms
5. Timing
6. 1 - social
7. 2 systems
   1. Constitutional
   2. Gastro-intestinal

◦ Detailed

99214 Detailed Exam (9 Bullets)

Mental Status Exam

- Fluent, coherent, normal paced speech
- Age appropriate language
- Logical, goal directed thought processes
- Normal associations
- No psychosis ; obsessive thoughts of food
- Affect mildly constricted and labile with inc anxiety when describing symptoms
- Mildly distractible
- Little insight
- Underweight, young appearing teen, wearing baggy clothes

Psychiatric Single State Exam

- 9 bullet points described

- Detailed
  - 99214

Billing

99214	Office visit – detailed – 25 min	$ 108.34
	Total	$ 108.34

Medicare rates

Vignette 4 Time Based

- Parents of 8 year old child attend visit to discuss medication needs, behavioral management and school IEP. Patient is not present

- Physician spend 45 minutes discussing parental concerns about medication, behavioral strategies and IEP needs

Vignette 4 – Time Based

- MDM – low-moderate
- Total time for visit – 45 min
- Time – more that 50% spent in counseling and disease management

- CODE 99215 – based **on time**, not complexity

  (Typical time = 40 minutes)

Billing

- Option 1 Total Time 45 min
  - 99215 Office visit – comp – 40 min $ 146.24
  - Total $ 146.24

- Option 2 Total Time 45 min
  - 99213 Office visit – low - 15 min $ 72.94
  - 99354 Prolong service – 1st hr 30 min $ 100.47

- Total Time 45 min $ 173.32

Medicare rates

The Bottom Line

TIME	**CODE**	**$$$$$$**
~ 40 min	99215	$146.24
~ 25 min	99214	$108.34
~ 15 min	99213	$ 72.94
~ 45 min	99213 + 99354	$173.41
~ 55 min	99214 + 99354	$208.81

Additional services to bill for

Screening	96110	0.27	$ 9.65
	96127	0.15	$ 5.36
Inter-prof Tel	99446-9	?	?

Vignette 5

- During Johnny's 7 y/o well check, Mom brings up issues surrounding attention in school with teacher suggesting ADHD

- Problem – time in schedule
  - Give behavior scales to parent and school
    - Code –preventive health visit
  - Schedule follow-up parent appt for further info
    - Code – e/m – time
      consider combining with a prolonged service
  - Schedule follow-up phone consultation after behavior forms returned in a week
    - Code – e/m phone if after 7 days from visit

Vignette 6

- Parents send in Connor's scale reports for you to review before a scheduled visit to discuss potential ADHD

- Problem – scoring-interpreting time
  - Code – behavioral screen form code
- Problem – Discussion of results with parents/child
  - Code – e/m – counselling time based
- Problem - Complexity low – moderate
  - Code e/m based on complexity and use prolonged service add-on for additional time over 30 min

Vignette 7

- Parent asks for a "call-back: from you to discuss (over the phone) school / behavioral problems (10-15 minute phone call)

- Problem – TIME
  - If call received within 7 days of last visit
    - Code – none – the service is included in the E/m visit as the post time work
  - If call received after 7 days
    - Code E/m telephone code (99441, 99442, 99443)

Vignette 8

- Parent at well visit (or separate "sick" visit) discusses 3 y/o always angry, never listening and fights and bites other children

- Problem – Time for unexpected problem during a well child check-up or office visit
  - Brief counseling as part of preventive med visit or e/m visit
  - Recommend parent visit with Extended time to obtain additional information and provide counseling
  - Code – preventive med visit or e/m visit

- Inter-professional telephone consult with child psychiatrist
  - Code Tel consult with professional

Vignette 9

- 14 y/o with falling grades, sleeping all the time and no energy reported at either a scheduled well visit or a phone call from parent prior to visit

- Problem - new problem – additional time and w/u
  - Preventive medicine visit + new problem
    - Code preventive med visit and E/m visit with a .25 modifier (co-pay)
  - Estab pt visit with new problem
    - Code E/m visit based on complexity; may also use prolonged services code for additional time required beyond the e/m service

Insurance Issues

PROBLEM	ACTION
Insurers fail to implement parity	Illegal as of 2014
Insurers state the plan does not cover mental health care	Allowed – plans do not have to provide MH coverage
Mental health is “carved out” and you are not on the panel and they claim they do not cover E/M codes	Contact carrier and remind them that E/M codes are used for medical management of Mental health problems

Resolving Issues

- Resubmit claim with a letter addressing the reason for rejection
- If no response, call insurance company and speak with a human about the claim
- If no response, send another letter with a firmer tone with a CC to the NJ State Insurance Commissioner
- If no response, contact the NJ State Insurance Commission and file a complaint
- Contact NJAAP and NJ Medical Society
- Contact your state and federal legislators

QUESTIONS?