<u>MD and Nurses Documentation Quick Guide</u>

We have provided hypothetical scenarios and suggested code types that may be used. It can be used to guide, but please discuss with your billing team to confirm which ones are most appropriate for your use or contact CalAIM@calmhsa.org if you have more questions.

 Please look at [Service Code Definitions](#) for exact definitions.

Some considerations:
For face-to-face time, this is only for direct patient care which is defined when patient is present (unless the code specifically states that that patient does not need to be present when utilized)

- You can go back within 24 hours of a service to amend that time, if you had more discussion with patient/collateral beyond the original visit time. If service is completed, consider using another code that describes the interaction between patient/family and/or care team.
- The reimbursement is based on **provider type, procedure code** and **face-to-face time *** (see below)**
- **We recommend that you choose the code that best describes the type of interaction.**

For documentation time (without the patient), this is nonbillable and includes the following scenarios:

- Review of the chart/labs/medications/knowledge-gather before and after visits without patient/collateral/family
- Clinical decision-making or discussion that does not fit any of the above codes
- Writing of the note to document service without the patient
- *The above scenarios are being reviewed by CalMHSA, so we would encourage to record documentation time*

For any codes that requires a certain # of minutes to be reimbursed, we still recommend that you choose the code that best describes the type of interaction for documentation. Input the appropriate time spent and let the system figure out on the backend determine whether the time is sufficient to be reimbursed.

- The system will round up based at the mid-point of the interval *(eg if the code is billed for every 15 minutes, then at +8 min mark, then the code will be billed at the next level)*

Hypothetical Scenarios	MD /DO	RN	LVN/PT	Additional Notes
Formal psychiatric assessment by MD	Assessment MD (90792)	N/A	N/A	Used for formal psychiatric evaluation, including integrated biopsychosocial and medical assessment. We recommend using this one for the first time an assessment is conducted for a patient, while 99202-99205 for new patients, would be used for the 1st E/M visit after the assessment. Of note, any additional time beyond 15 minutes will be accounted automatically based on time input for the service.
Standard psychiatrist outpt visit with E&M with patient	Medication Support - New/Existing (99202-99205/ 99212-99215); Telephone: 99441-99443	N/A	N/A	Choose based on time spent and if patient is new vs. established. These CPT codes use the same psych note template, so previous data will be saved from last use.
Psychiatric outpt consultation with E&M with patient	"Consults for New and Established Patients	N/A	N/A	Can be used if a specialist evaluates a patient and is not the primary provider.

	99242, 99243, 99244, 99245"			
Reviewed medical records and the information influences the decision of the diagnosis.	Review of Medical Records (90085)	N/A	N/A	Per DHCS, when it comes to using 90885, the use case is If the review of the client records is to determine the diagnosis, then you can bill for that with 90885 separately as it is not locked out against the E & M CPT code. However, if only reviewing client records without influence/impact on the diagnosis, then could not use this code.
Reviewed medical record and it does not impact diagnosis ***CALMHSA to review further with DHCS*	Brief Contact Note (Nonbillable) / Client Non-Billable Srvc Must Document	N/A	N/A	
MD-to-MD discussion or consult	Physician Consultation (99451)	N/A	N/A	
MD discussion with other providers without patient/family > 30m	Medical Team Conference, Participation by Physician. Pt and/or Family Not Present (99368)	N/A	N/A	
"MD discussion with patient/family (but not an E&M) ***CALMHSA to review further with DHCS*	If it is about medication with pt/family, can you use H0034.	N/A	N/A	Other codes to consider include TCM (1017) and/or Care Management Services for Behavioral Health Conditions by Physician (99484- only available for MH), both can be used for medical/clinical care coordination.
Non-physician discussion with other providers, with patient/family >30m.	N/A	Team Case Conference with Client/Family present (99366)	Brief Contact Note/ Client Non Billable Srvc Must Document	
Non-physician discussion with other providers without patient/family > 30m.	N/A	Team Case Conference with Client/Family absent (99367)	Brief Contact Note/ Client Non Billable Srvc Must Document	

Medication discussion/support/education/Lab result review as it relates to medication with patient	Medication Support and Training (H0034). This is a lower rate than the standard psychiatric E/M services, so these codes tend to be used as follow-up discussions after or in-between visits and/or by non-MDs for documentation	Medication Support and Training (H0034)	Medication Support and Training (H0034)	Of note, any additional time beyond 15 minutes will be accounted automatically based on time input for the service.
Lab results review with/without pt, but not related to medication **CALMHSA to review with DHCS*	Brief Contact Note/ Client Non Billable Srvc Must Document	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	
Care Coordination (especially with other providers) +/- with pt/family	TCM/ICC (1017)	TCM/ICC (1017)	TCM/ICC (1017)	Care Management Services for Behavioral Health Conditions by Physician (99484- only available for MH) which could include medical/clinical care coordination.
Short crisis interactions with patient	Crisis Intervention/Mobile Crisis (H2011) -only used for MH/SUD/ mobile crisis- outpt	Crisis Intervention/Mobile Crisis (H2011) -only used for MH/SUD/ mobile crisis- outpt	Crisis Intervention/Mobile Crisis (H2011)- only used for MH/SUD/ mobile crisis- outpt	
Medication Injection	Medication Injection (96372)	Medication Injection (96372)	lPer DHCS guidance, can use H0033 for medication injection. DHCS plans to activate for this role. The claim will be released once finalized but we recommend using this code/note.	
Oral Medication Administration	Oral Medication Administration (H0033) is available as a permission for this role.	Oral Medication Administration (H0033)	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	This is for Direct Observation Therapy (DOT)
Nursing Evaluation	N/A	Nursing evaluation (T1001)	Nursing evaluation (T1001) and/or Assessment Contribution non-LPHA (H0031)	This is different from the Nursing Assessment which is only available for counties that purchased the inpatient module.
Screenings for drugs/alcohol, lab analysis, and lab collection in SUD programs	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	Only within DMC, DMC-ODS: Alcohol and/or drug screening, Alcohol and/or drug screening. Laboratory analysis H0049,	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	

		H0003, lab collection (H0048)		
No shows/cancellations	Once the Service Status is changed to no-show/cancellation, then it will be deleted from calendar. If you want to write a note, use Client Non Billable Srvc Must Document"	Once the Service Status is changed to no-show/cancellation, then it will be deleted from calendar. If you want to write a note, use Client Non Billable Srvc Must Document"	Once the Service Status is changed to no-show/cancellation, then it will be deleted from calendar. If you want to write a note, use Client Non Billable Srvc Must Document"	*CalMHSA is developing functionality to add a note to "No Show."*
If none of categories fit, then can consider using our nonbillable options	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document	

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Sample County Reimbursement by code for Licensed Physician role

EHR Name	CPT Code	DHCS Code name	Reimbursement for MDs		
Assessment MD	90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	380.33	07/01/23	06/30/24
Medication Support (New)	99202	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	557.81	07/01/23	06/30/24
	99203	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	938.14	07/01/23	06/30/24
	99204	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	1,318.46	07/01/23	06/30/24
	99205	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	1,698.79	07/01/23	06/30/24
Medication Support (Existing)	99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	380.33	07/01/23	06/30/24
	99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	633.88	07/01/23	06/30/24
	99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	887.43	07/01/23	06/30/24
	99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	1,191.69	07/01/23	06/30/24
Medication Training and Support	H0034	Medication Training and Support, per 15 Minutes	380.33	07/01/23	06/30/24