ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Project TEACH is New York State's Child/Adolescent & Perinatal Psychiatry Access Program.

All Project TEACH services are funded by

NEW YORK STATE | Office of Mental Health

"Families Thrive With Good Mental Health"









Coding for Mental Health in Primary Care Using 2021 Guidelines

Presented by: Marc Lashley MD, FAAP

NEW YORK STATE | Office of Mental Health

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Disclosures

Dr Lashley is a managing Physician at Allied Physicians Group

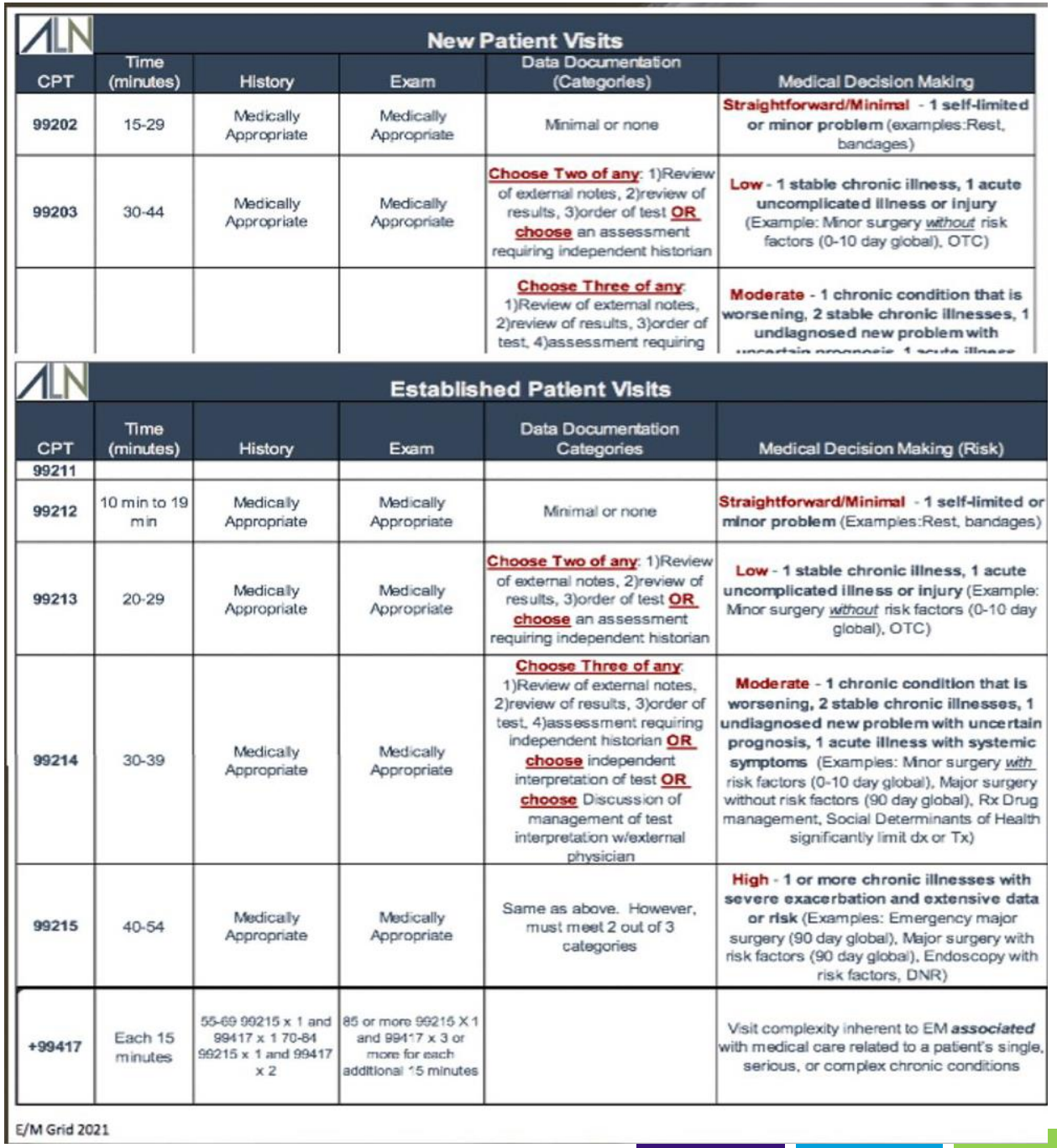


Marc Lashley, MD, FAAP

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Coding Prior to 2021

- Was difficult to meet all points needed to code at higher levels.
- Mental Health was coded mostly by time in Primary Care



New Patient Visits

CPT	Time (minutes)	History	Exam	Data Documentation (Categories)	Medical Decision Making
99202	15-29	Medically Appropriate	Medically Appropriate	Minimal or none	**Straightforward/Minimal** - **1 self-limited or minor problem** (examples:Rest, bandages)
99203	30-44	Medically Appropriate	Medically Appropriate	**Choose Two of any**: 1)Review of external notes, 2)review of results, 3)order of test **OR choose** an assessment requiring independent historian	**Low** - **1 stable chronic illness, 1 acute uncomplicated illness or injury** (Example: Minor surgery *without* risk factors (0-10 day global), OTC)
				Choose Three of any: 1)Review of external notes, 2)review of results, 3)order of test, 4)assessment requiring	**Moderate** - **1 chronic condition that is worsening, 2 stable chronic illnesses, 1 undiagnosed new problem with**

Established Patient Visits

CPT	Time (minutes)	History	Exam	Data Documentation Categories	Medical Decision Making (Risk)
99211					
99212	10 min to 19 min	Medically Appropriate	Medically Appropriate	Minimal or none	**Straightforward/Minimal** - **1 self-limited or minor problem** (Examples:Rest, bandages)
99213	20-29	Medically Appropriate	Medically Appropriate	**Choose Two of any**: 1)Review of external notes, 2)review of results, 3)order of test **OR choose** an assessment requiring independent historian	**Low** - **1 stable chronic illness, 1 acute uncomplicated illness or injury** (Example: Minor surgery *without* risk factors (0-10 day global), OTC)
99214	30-39	Medically Appropriate	Medically Appropriate	**Choose Three of any**: 1)Review of external notes, 2)review of results, 3)order of test, 4)assessment requiring independent historian **OR choose** independent interpretation of test **OR choose** Discussion of management of test interpretation w/external physician	**Moderate** - **1 chronic condition that is worsening, 2 stable chronic illnesses, 1 undiagnosed new problem with uncertain prognosis, 1 acute illness with systemic symptoms** (Examples: Minor surgery *with* risk factors (0-10 day global), Major surgery without risk factors (90 day global), Rx Drug management, Social Determinants of Health significantly limit dx or Tx)
99215	40-54	Medically Appropriate	Medically Appropriate	Same as above. However, must meet 2 out of 3 categories	**High** - **1 or more chronic illnesses with severe exacerbation and extensive data or risk** (Examples: Emergency major surgery (90 day global), Major surgery with risk factors (90 day global), Endoscopy with risk factors, DNR)
+99417	Each 15 minutes	55-69 99215 x 1 and 99417 x 1 70-84 99215 x 1 and 99417 x 2	85 or more 99215 X 1 and 99417 x 3 or more for each additional 15 minutes		Visit complexity inherent to EM ***associated*** with medical care related to a patient's single, serious, or complex chronic conditions

E/M Grid 2021

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Medical Decision Making Table

E/M code selection can be done on the basis of Medical Decision Making (MDM) or time. The level of MDM should be driven by the nature of the presenting problem on the date of the encounter. Time is not a factor when code selection is done on the basis of MDM. When billing E/M along with a psychotherapy service the E/M must be selected on the basis of MDM. To qualify for a particular level of MDM, 2 of the 3 elements for that level of MDM must be met or exceeded.

AMERICAN PSYCHIATRIC ASSOCIATION

CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**1 Self-limited problem or minor** *(Example: Bereavement)*	**Minimal/None**	**Minimal Risk**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness, *(Example: MDD, recurrent, in remission)* or • 1 acute, uncomplicated illness or injury *(Example: Adjustment d/o with depressed mood)*	**Limited** *(Must meet 1 of 2 categories in this box)* **Category 1: Tests and Documents:** • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test **Category 2: Assessment requiring an independent historian(s)** (confirmatory history judged to be necessary)	**Low Risk** Example: • *New patient seen for adjustment disorder and referred to therapist*
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, *(Example: MDD, recurrent, moderate)* or • 2 or more stable chronic illnesses, *(Example: Schizophrenia and alcohol use d/o)* or • 1 undiagnosed new problem with uncertain prognosis, *(Example: Cognitive decline)* or • 1 acute illness with systemic symptoms, *(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)* or • 1 acute complicated injury	**Moderate** *(Must meet 1 of 3 categories in this box)* **Category 1: Tests, documents, or independent historian:** *(any combination of 3 from the following)* • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test • Assessment requiring an independent historian(s) **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), or **Category 3: Discussion of management or test interpretation** with external physician/other QHP/ appropriate source (not separately reported)	**Moderate Risk** Examples: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health • *Management of psychiatric medications* • *Patient whose adherence to treatment is impacted by homelessness*
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; *(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)* or • 1 acute or chronic illness or injury that poses a threat to life or bodily function *(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)*	**Extensive** *(Must meet 2 out of 3 categories in this box)* **Category 1: Tests, documents or independent historians:** *(any combination of 3 from the following bullets)* • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test • Assessment requiring an independent historian(s) **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), or **Category 3: Discussion of management or test interpretation** with external physician/other QHP/ appropriate source (not separately reported)	**High Risk** Examples: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • *Management of Clozapine* • *Initiation of Lithium* • *Consideration of inpatient behavioral health admission*

Italicized text signifies psychiatric specific examples that have been added for educational purposes

December 21, 2020

Number & Complexity of Problems

- 1 minor problem – level 2
- 2 or more minor problems – level 3
- New problem with uncertain prognosis – level 4
- Acute illness: uncomplicated – level 3
- Systemic – lvl 4
- Threatening – level 5

- Chronic illnesses: 1 stable illness – level 3
  - 2 or more stable illnesses level-4
  - 1 with exacerbation or progression-level 4
  - Severe or life threatening-level 5

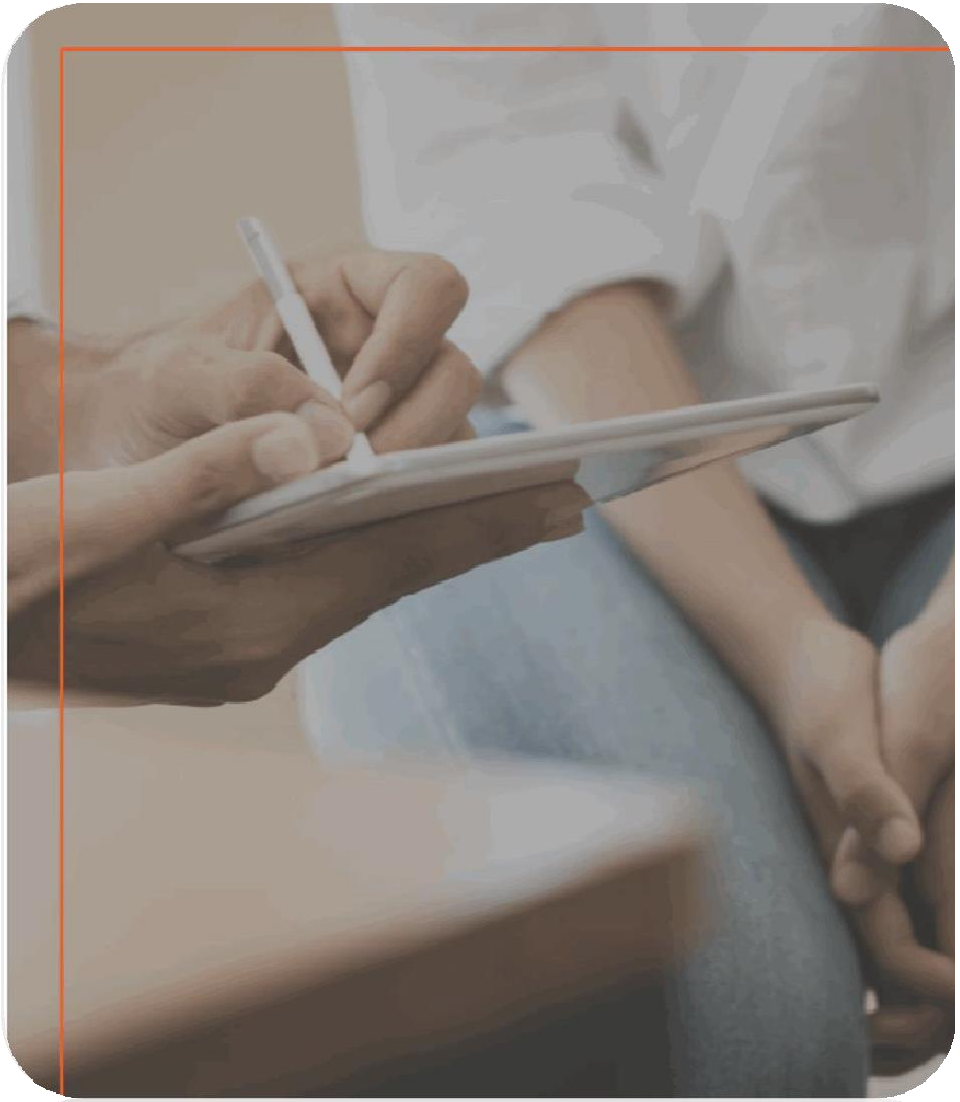


Data Collected
(Rarely Used in Mental Health)

- Test ordered
- Test reviewed
- Parent or Relative is Historian
- External Input
- Independent interpretation
- Discussion with External Source

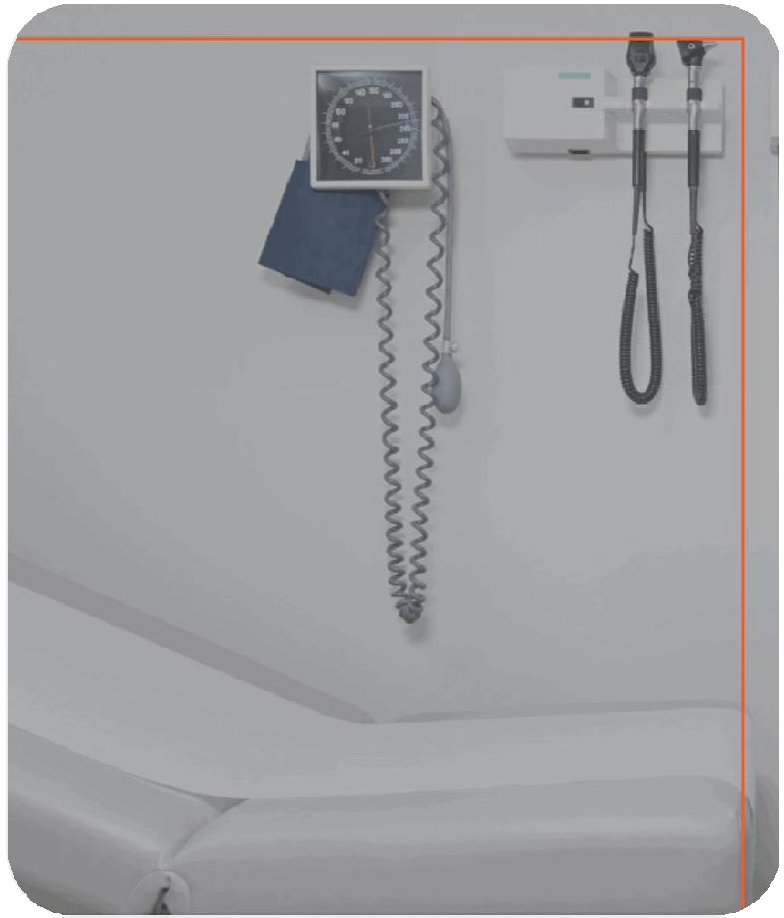
Level

- 2-no data
- 3-3 data points or historian
- 4-3 data points including historian
- 5-2 out of 3 with historian, external interpretations or discussions



Risk

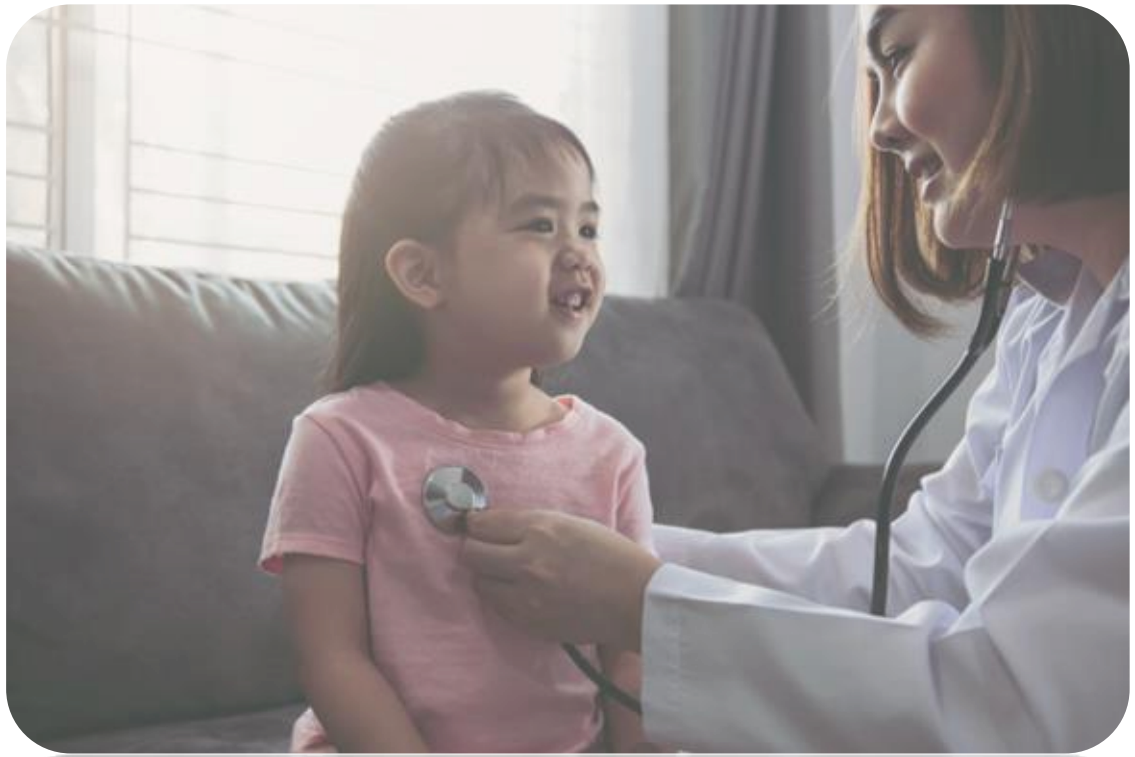
- Really means Risk of Treatment or further testing
- Level 2-no advice or medication (Chicken Soup)
- Level 3-OTC meds only
- Level 4-Prescription medication or off-label use of OTC medication, SDOH
- Level 5-Medication mgmt. which requires frequent monitoring (e.g. seizure medication)



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Billing Well & Sick

- If you diagnose or treat a condition during a well visit, bill for a well and sick together
- use modifier -25
- This will trigger a copay, let the parent know
- Bill for the sick visit the same way as if it was done separately
- If you are too busy, have the patient come back the next day or do a telemedicine visit



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Billing for Screening Tools

- 96127- Columbia, SCARED parent and child, ASQ, PSCY, Vanderbilt, Conners, Teen Screen
- may bill up to 5 units
- use -25 modifier if during a visit
- may bill standing alone without a visit
- Must score, and interpret results in chart



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

G2211

- This code is for patients with complex care or require longitudinal monitoring.
- This applies to most patients with ADHD and those on medication management for Anxiety and Depression
- State: “Requires longitudinal monitoring” or a similar script in your note to justify code
- Pays well from most payers including Medicaid

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Diagnosis Codes

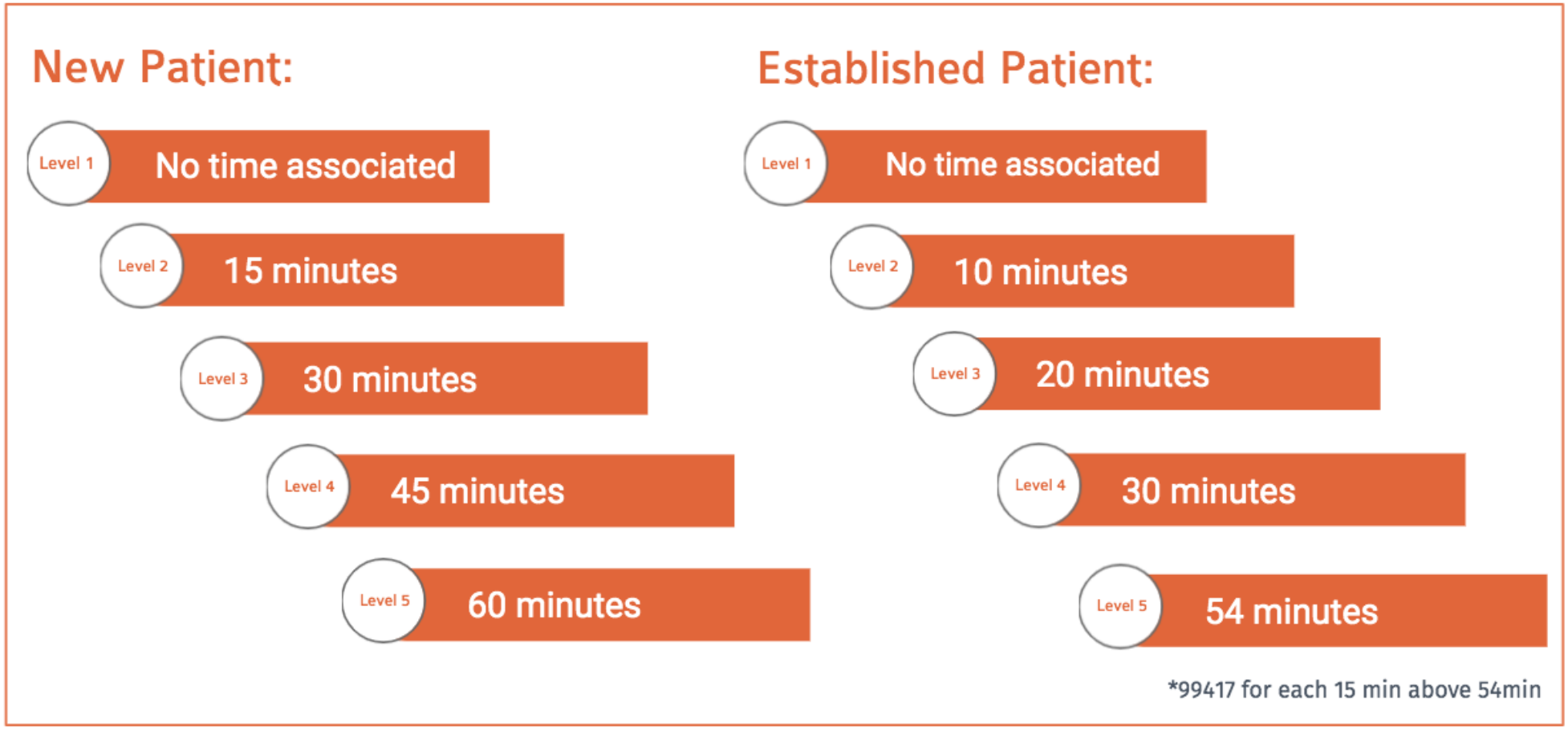
- ADHD Combined F90.2
- Major Depression F32.9
- Anxiety Disorder F31.9



- Most insurers in the Downstate area accept these diagnosis codes, no need to get creative

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Time Rules

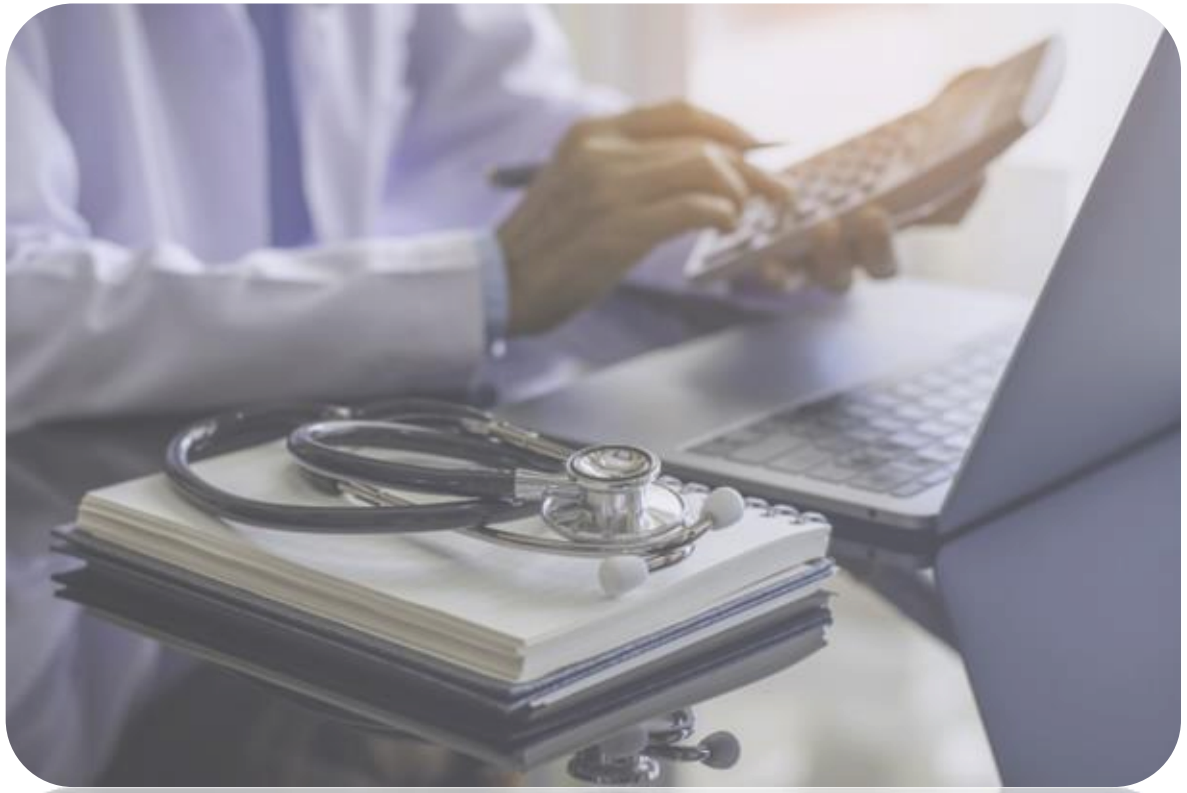


- example 55-69 min 99417 x 1, 69-83 min 99417 x 2 no modifier needed

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

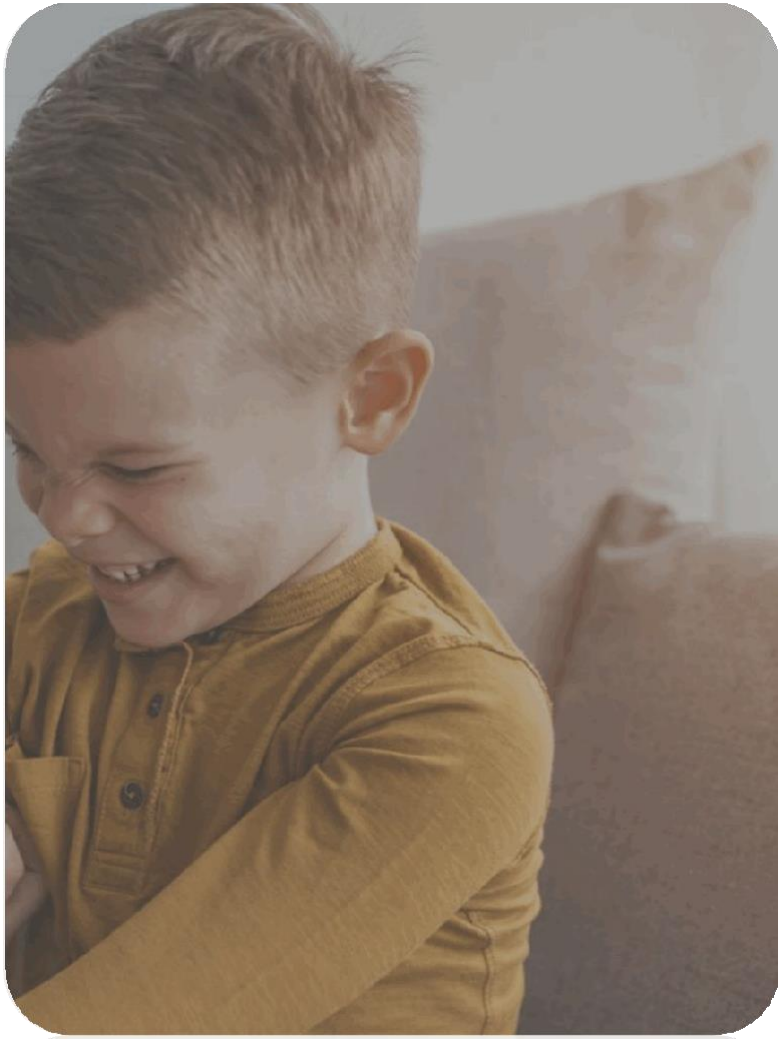
Applying New Rules to Mental Health

- Remember need 2 out of 3 for Level of service: Problems, Data, Risk
- Data-not generally needed
- Risk-will generally be: level 3 if not on meds, level 4 if patient is on medication, Level 5 if on a medication that requires frequent monitoring
- Assuming above, number and type of problems will drive level of service
- Use time only if needed to reflect the care you gave



ADHD Case 1

- Mom comes in concerned about Johnny, a 6 yr old with hyperactivity. She doesn't know if he has ADHD. He has no other problems.
- You collect HPI, Family Hx, Social History, School History.
- You determine he needs a Psyhoed, Vanderbilts, review report cards.
- Will meet again when these are in.
- How do you code?



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

New Coding Clarifications from CMS

- Less emphasis on what you write for HPI and PE. More emphasis on your MDM
- When coding for higher visits, show that your patient is sick enough to warrant this level of service. Document how ill the child is or looks, document SDOH etc
- **New Telemed rules:**
- Document the patient or parent consented to telemedicine
- Document the location of the patient: Home or away out of state. Ok to treat out of state if this is temporary (college or vacation)
- Document that all issues were addressed, questions answered, and follow-up made if appropriate.

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Watch for New FDA Regulations

- the FDA may prohibit prescribing stimulants or new patients must have an in-person visit

- ok to give stimulants on follow up standard of care is to follow patients at a minimum every 3 months



ADHD Case 2

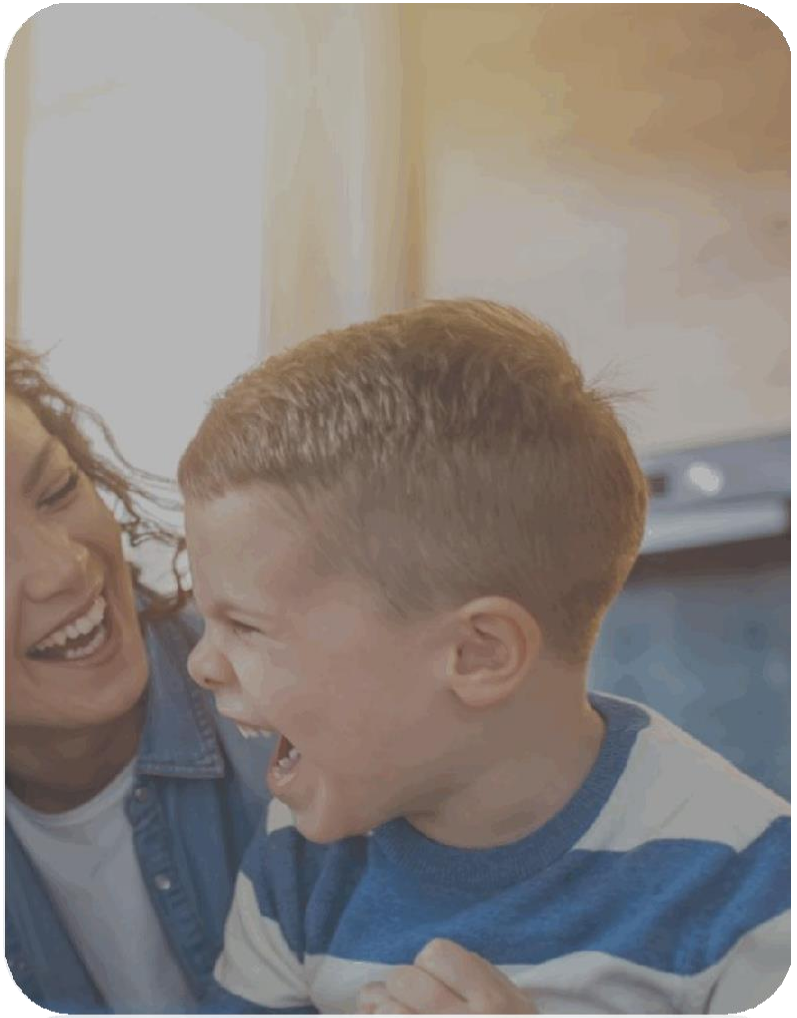
- Louisa is diagnosed with ADHD comorbid with Anxiety Disorder.
- HPI: doing poorly in school. On stimulant, review Vanderbilts.
- Review how she is doing with appetite, sleep, grades, home life, social life.
- DX ADHD with Anxiety.
- You decide to increase her concerta, make sure she is seeing a therapist for anxiety and give mom behavioral management techniques.
- How do you code?
  - Level 4: 2 chronic problems, Medication management.



ADHD Case 2

- Johnny has been on his ADHD medication for 6 months.
- He is doing great. Weight is stable.
- Your review Vanderbilts from school.
- His concerta dose does not need to be changed.

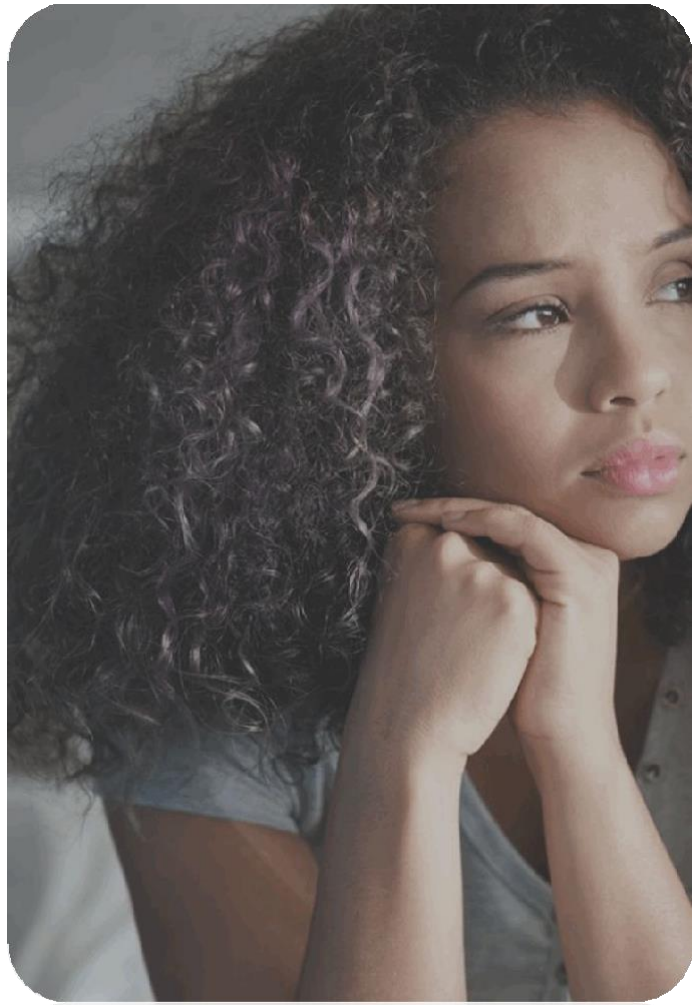
- How do you code?
  - Level 3
  - Stable chronic illness (3), Medication mgmt. (4)
  - Increase to level 4 if he has a co-morbid condition you are managing.
  - Increase to level 4 if he has weight loss or needs a dose change.



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Depression/Anxiety

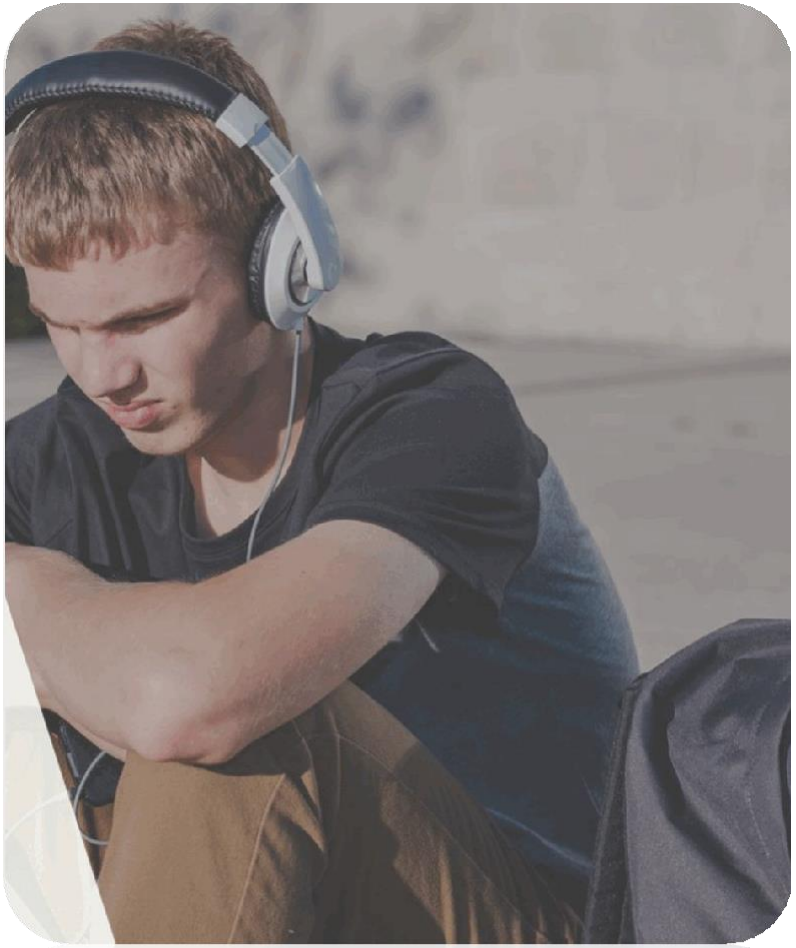
- 16 yr old who is depressed and admits to suicidal thoughts.
- You increase her Lexapro from 10 to 20mg.
- You decide she is not an imminent risk. Go over with parents how to keep home safe and patient agrees to an oral contract how to manage suicidal thoughts, or you decide she is a risk and send her to the ED immediately.
- How do you code?
  - Level 5 Depression with suicidality (5), Risk (5).



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Depression/Anxiety

- 16 yr old with Depression without SI.
- He is on Lexapro. He is still somewhat depressed. He refuses to see a therapist and just wants his medication. You changed his Lexapro to 20mg 3 weeks ago and you want to sit at this dose a bit longer before changing.
- How do you code?
  - Level 4
  - Depression – unstable (4), Risk-medication mgmt. (4).
  - Drop to a level 3 if his symptoms are stable and needs only routine follow up, increase to level 4 if he has co-morbid anxiety and advice is given on managing anxiety.



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Example With Social Determinant of Health (SDOH) As A Factor

- Brad has ADHD combined type. He is on Vyvanse but teacher reports he is erratic. On history you find both parents are working and he is often cared for by his older sister who sometimes forgets to give him his medication. You work with the school nurse to have his medication given at school.

- How do you code?
  - Level 4
  - ADHD unstable (4), Risk due to SDOH (4).



ProjectTEACH

FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Supporting Pediatric and Maternal Health Clinicians to Deliver Quality Mental Health in NYS.

Telephone Consultations

Linkage & Referral Support

CME Education Programs

1.855.227.7272

Monday - Friday • 9 am - 5 pm

Services are at no-cost to clinicians in New York State.