

Payment Reform FAQs: Psychiatry

General Services

1. If a beneficiary is a no-show but the psychiatrist spends time refilling their prescriptions, is that a direct service or documentation?
 - a. If refilling only, this should be captured as a non-billable (330CA), with the amount of time performing this activity entered under documentation duration. If there are other activities in conjunction with refilling, such as consulting with the case coordinator or beneficiary, this can be billed as Case Management (301CA).
 - b. If billing for Case Management services, remember that the beneficiary may or may not be present for the service.
2. What code would be used if a prescriber fills out a form for the beneficiary (i.e. disability papers)?
 - a. If the only activity is filling out a form on behalf of a beneficiary, this is a non-billable (330CA) activity. If it involves communication with the beneficiary about the form, this can be billed as Case Management (stand-alone 301CA code). If the Case Management service is provided in addition to a primary Medication Support service, the prescriber can use the add-on Case Management service code.
3. What service code can be used when preparing a JV220 report?
 - a. Depending on the activities involved in the preparation process. It could be Medication Support (361CA) with the Case Management add-on, or a stand-alone Case Management (301CA) service, or a non-billable (330CA). However this is billed, the narrative needs to justify the service code(s) being selected.
4. What service code should medical staff bill for if they have to call the pharmacy to verify medications?
 - a. 301CA Case management may be used if the documentation supports this activity.
5. Is the review of a beneficiary's chart and/or records (i.e. labs) billable?
 - a. For now, chart reviews are not a billable service. However, if there is a psychiatric evaluation of records during transitions of care, psychiatrists and Licensed/licensed eligible staff may bill this CPT code of 90885.
6. If a communication occurs via email (store forward), can this be claimed?
 - a. No. This would need to be documented as a non-billable activity. Only in person, telephone, or telehealth consultations can be billable service modalities.
7. What should be billed if services are provided to a beneficiary experiencing a crisis?

- a. Continue using a Medication Support Urgent (361UCA) if this applies.
8. What is the service code for group services?
- a. There are several group service codes available. The most common codes used are Group Psychotherapy (353CA) or Group Rehabilitation (351CA).
9. Is a Licensed Vocation Nurse (LVN) able to perform Clinician Consultation?
- a. No.
10. An LVN bills (add service code) for 60 minutes, how is this time being captured?
- a. LVNs bill using HCPCS codes only, so extended service add-ons would not need to be captured. The LVN would bill the duration as usual.
11. What services can Registered Nurses bill?
- a. RNs may continue to bill the same services they have been billing thus far. Scope of practice is not changing.
12. When should Case Management be used versus Collateral?
- b. See Exhibit A.
13. Is there a daily maximum duration for Case Management?
- a. 1440 minutes is the maximum for Case Management (i.e. the amount of minutes in a 24-hour period).
14. What is the daily maximum duration for evaluations?
- a. 240 minutes is the maximum for Medication Support in a 24-hour period excluding documentation and travel duration. This would be entered as 54 minutes of the primary service (361CA Medication Support and extended time add-on of 216 minutes).
15. What if the service provided is less than a certain duration of minutes?
- a. This is a non-billable service and should be documented as such (330CA). The threshold to claim for a 361CA is as follows:
 - MD/NP/PA is ≥ 10 minutes
 - VLN/RN/MA is ≥ 8 minutes
 - b. Staff should continue to document the correct service code and duration accurately and honestly.
16. Do staff need to learn how to apply the different CPT codes to services rendered?
- a. No, staff will continue to use the same service codes that have the CA suffix. Avatar has been configured to crosswalk the current codes to CPT codes.

Add-On Codes

1. Is the Extended Service Add-On code only for initial evaluation only or can it be used for follow-up appointment too?
 - a. It can be used with all Medication Support (361CA) services that go beyond 54 minutes.
2. Can the Interactive Complexity Add-On be used when another treatment team member is needed during the Medication Support service due to concerns about a beneficiary's current symptomology and inability to engage effectively?
 - a. Yes. The Interactive Complexity Add-On is used when services have been complicated by communication difficulties during the visit.
3. If Interactive Complexity and Interpretation are both present during a service, what should the prescriber use as an Add-On?
 - a. It is recommended that the interpretation Add-On be used. To note: the Interactive Complexity and Interpretation Add-On cannot be used in conjunction.
4. What should be used if a psychiatrist is speaking with the parent of a child about medications and the beneficiary is not present?
 - a. This will fall under the Collateral Rehabilitation (311CA) Stand-Alone service. However, the Case Management (301CA) code may be used if other activities are performed and action items are discussed justifying Case Management services.
5. Do Add-Ons increase the reimbursement rate for services?
 - a. Yes.

Other

1. If meeting with a beneficiary via telehealth but the video doesn't work and only audio is being used by the beneficiary, what location should be selected?
 - a. Staff should use one of the 'telephone' options (Note: telehealth requires both audio and visual component).
2. Can Case Management be provided via telephone?
 - a. Yes. It can also be provided in person or via telehealth.

Exhibit A

Service	Definition	Stand-Alone Note	Add- On Code
<p>Case Management</p>	<p>Services that assist a person in care to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.</p> <p>The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure access to service and the service delivery system; monitoring of individual progress.</p> <p>The person in care may or may not be present for this service activity.</p>	<p>Beneficiary does not need to be present and this is delivered as a stand-alone service</p> <p><i>(Reimbursable)</i></p>	<p>Beneficiary does not need to be present and this is added-on to an existing service</p> <p><i>(Reimbursable)</i></p>
<p>Collateral</p>	<p>Service activity to a significant support person in an individual's life with the intent of improving or maintaining the mental health status of the person in care.</p> <p>Collateral includes one or more of the following: consultation and/ or training of the significant support person(s) that would assist the person in care in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the person in care; and family counseling with the significant support person(s) to improve the functioning of the person in care.</p> <p>The person in care may or may not be present for this service activity.</p>	<p>Beneficiary is not present</p> <p><i>(Reimbursable)</i></p> <p><i>Use Collateral Rehabilitation (311CA)</i></p>	<p>Beneficiary needs to be present</p> <p><i>(Reimbursable)</i></p> <p><i>Use Collateral as an Add-On to a primary service</i></p>