CHILD PSYCHIATRY ACCESS NETWORK

BILLING INFORMATION

tcmhcc
Texas Child Mental Health Care Consortium

CPAN
Child Psychiatry Access Network

CONTENTS

VISIT UPGRADE

Recent changes to E/M coding allow consultation activities to count toward level of service, whether you use either Medical Decision Making (MDM) or time-based coding. This can be advantageous to primary care clinicians who get consultation from other professionals on the same day they see a patient. In many cases, this consultation increases the visit's MDM level, or, if you are using time-based coding, can be counted toward billable minutes. This is a welcome development, because as primary care docs are asked to do more and more, it is only reasonable that consults with specialists for information or guidance should be recognized as effort to be compensated.

The good news for behavioral health care is that your CPAN calls can upgrade your coding. Read on to learn more.

CPAN offers pediatric providers CONSULTATIONS with a child psychiatrist and case-based LEARNING opportunities. CPAN ensures the youth of Texas receive HIGH QUALITY and QUICK ACCESS to behavioral health care.

Call 1 -888-901-CPAN (2726)
*speak with a child psychiatrist in under 30min

LET'S REVIEW

To show you how CPAN contributes to MDM as well as time-based criteria, let us briefly review coding changes. The following are effective January 1, 2021.

MEDICAL DECISION MAKING

MDM has now replaced HPI, PE, or problems as the basis for coding E/M visits. For coding purposes, MDM is broken down into 3 areas:

1. **Number and complexity of problems.** We will call this "**Problem Complexity**" for short.
2. **Amount and/or complexity of data** to be reviewed and analyzed. We will call this "**Data**" for short.
3. **Risk of complications and/or morbidity or mortality of patient management.** We call this "**Risk of Treatment**" for short.

Each area is rated to determine which of 4 levels apply. These levels are: Straightforward, Low, Moderate, and High.

The complete criteria for assigning these levels to each area are shown in the table on pages 6 and 7. They are also at https://www.amaassn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf

Q: How do these areas determine level of service for coding the visit?

A: The highest level that 2 of 3 areas meet Is the one you can use.

Example 1:

Problem Complexity is *Moderate*
Data is *Low*
Risk of Treatment is *Moderate*
Two of 3 areas are Moderate = The visit's MDM level is Moderate.

Example 2:

Problem Complexity is *High*
Data is *Low*
Risk of Treatment is *Low*
Two of 3 areas are Low = The visit's MDM level is low.

Example 3:

Problem Complexity is *High*
Data is *High*
Risk of Treatment is *High*
Two of 3 areas are High = The visit's MDM level is High.

MDM level = CPT code

The visit's MDM level translates directly to CPT codes:

MDM Level	New Patient / Eval	Established Patient / Mgt
Straightforward	99202	99212
Low	99203	99213
Moderate	99204	99214
High	99205	99215

Here is a guide to level criteria for each of the 3 MDM areas, simplified for the types of visits pediatric behavioral health encounters most often involve.

Problem Complexity

Level 2, Straightforward	1 self-limited or minor problem
Level 2, Low	**Any ONE of:** • **2 or more minor problems** **or** • **1 chronic illness**
Level 4, Moderate	**Any ONE of:** • **2 or more stable chronic illnesses** **or** • **Chronic illness with exacerbation progression, or treatment side effects** **or** • **New problem, uncertain prognosis**
Level 5, Moderate	• Chronic illness with severe exacerbation, progression, or treatment side effects • or • Chronic illness threatens life or bodily function

Data

Level 2, Straightforward	Minimal or none

Level 2, Low	**Any ONE of:**
	• Independent historian (includes parent)
	or
	• Total of 2 or more:
	  ○ Review of an external note (count 1 per source*);
	  ○ Review test results (count 1 per unique test*);
	  ○ Order tests (count 1 per unique test*)
	
	(* Notes from 2+ sources fulfill the 2 required. Results or ordering of 2+ unique tests fulfill the 2 required.)

Level 4, Moderate	**Any ONE of:**
	• Total of 3+ from the Level 3, Low criteria
	  ○ Independent historian
	  ○ External notes per source
	  ○ Review per test
	  ○ Order per test
	or
	• Independent Interpretation of test performed by another professional (not separately reported)
	or
	• **Discussion of management or test interpretation by another professional, such as CPAN**

Level 5, Moderate	**Any TWO of the three categories for Level 4, Moderate.**

Treatment Risk

Level 2, Straightforward	• Little or no treatment
Level 2, Low	• Low risk of treatment or tests (e.g., OTC meds only)
Level 4, Moderate	• Moderate risk (e.g., prescription drug management)
Level 4, High	• High risk (eg., prescription management that requires intensive monitoring; decisions about hospitalization)

Q: So, where does CPAN come in?

Obtaining external consultation alone qualifies **Data's** area as Moderate. External consultation is also one of the two categories that qualify **Data** as High.

There are situations where **Problem Complexity** may be Low (e.g., ADHD is the only stable chronic illness). However, **Risk of Treatment** is Moderate (e.g. treatment with a prescription medication).

Consultation with CPAN, for instance about changes to dose, would put **Data** at the Moderate level. Along with the Moderate level for **Risk of Treatment** in this example, you can now code the visit for an established patient as 99214 instead of 99213.

Similarly, there are instances where **Problem Complexity** is High because of a major worsening in symptoms, but **Risk of Treatment** is only Moderate. High **Risk of Treatment** involves "high morbidity from additional diagnostic testing or treatment", which is uncommon in pediatric behavioral health unless hospitalization is under consideration. With CPAN consultation, the **Data** criterion can often rise to High as well. You might meet the **Data** criterion for High if, in addition to CPAN, you have an "independent historian" (parents count) and you administered two established rating scales. Then High **Data** would combine with High **Problem Complexity** to make overall MDM for the visit High and codable as 99215 or 99025.

Supporting documentation is simple. In this last scenario: "Case discussed with child psychiatrist Dr. X at UT Health CPAN for management guidance, who recommended _____."

One requirement for counting consultation toward MDM level is that the consultant is not also billing or reporting separately for the service. Because CPAN is state funded and we are not billing, this requirement is satisfied. Also, the billing provider has to be in touch with the consultant, not other practice staff.

TIME-BASED CODING

If you prefer time-based coding methodology for a given encounter, you can now credit time obtaining external consultation toward total billable. A 10-minute CPAN consult, for instance, might make the encounter eligible for a higher E/M code if it adds sufficient time to put the encounter into the next highest level. Again, this approach requires that the consultant is not charging for the event - a nonissue for CPAN - and that the billing provider obtain the consultation, not other staff. But note that the consultation must occur on the same day as the patient visit. The latter means that you do not have to call while the patient is in the office -- if it suits you to call at 1 p.m. for a patient seen at 8 a.m., that's fine. In an EMR, just leave the encounter open and sign/close after input from the CPAN consultant.

Disclaimer: This material summarizes interpretation of publicly-available information, and does not constitute guidance from any insurance company, CMS, or other entity. Because regulations and billing requirements change frequently and payers may treat claims differently, CPAN does not guarantee this information will be current or fully applicable to specific situations.

Special thanks to UT Health Science Center San Antonio for the original content of this document. 2021.