

PAYMENT REFORM SERVICE CODES IN AVATAR FOR MD/DO, PA, NP, CNS

Description	Code Narrative Description	New Code	Equivalent Code in Cerner	Add-on or Primary	Extended with Add On?	Duration at which add-on is required
Psychiatric Diag w/ Medical Svcs First 15mins	<p>An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. In certain circumstances one of more other informants (family members, guardians, or significant others) may be seen in lieu of the patient.</p> <p>Maybe be reported more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances.</p> <p>May be reported once per day and not on the same day as an evaluation and management service performed by the same individual for the same patient. May include interactive complexity services (90785) when factors exist that complicate the delivery of the psychiatric procedure.</p> <p>90792 is used for the diagnostic assessment(s) or reassessment(s) and does not include psychotherapeutic services. Psychotherapy services, including for crisis, may not be reported on the same day.</p>	90792	11	Primary	Y (G2212)	16
Psych Eval of med recs for diag purposes, first 15 minutes	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	90885	None	Primary	Y (G2212)	16

Developmental Screening first 15 mins	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument.	96110	None	Primary	Y (G2212)	16
Beh/Emotional Asmt first 15 mins	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder scale), with scoring and documentation, per standardized instrument.	96127	None	Primary	Y (G2212)	16
Phone Eval + Management 99441 - 5-10 min 99442 - 11-20 min 99443 - 21-30 min	Telephone evaluation and management and management service by a physician or other qualified health care provider who may report evaluation and management services provided to an established patient, parent, or guardian. Contact may be with client and/or significant support person.	9944P	20-24	Primary		
Comp Multi-Disciplinary Eval - All disciplines 15 min increments	Comprehensive multi-disciplinary evaluation. This is a team assessment service as reflected in the multi-disciplinary aspect of the service.	H2000	None	Primary		
ICC Comp Multi-Disciplinary Eval - All disciplines 15 min increments	Comprehensive multi-disciplinary evaluation. This is a team assessment service as reflected in the multi-disciplinary aspect of the service. Provided to youth clients who meet criteria for ICC.	H2000HK	None	Primary		

<p>Crisis Psychotherapy First 74mins</p>	<p>Psychotherapy for a crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is usually life threatening or complex and requires immediate attention to a patient in high distress.</p> <p>90839 and 90840 are used to report the total duration of the time face-to-face with the patient and/or family spent by the physician or other qualified health care professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any given period of time spent providing psychotherapy for crisis state, the provider must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same time period. The patient must be present for all or some of the service.</p>	<p>90839</p>	<p>None</p>	<p>Primary</p>	<p>Y (90840)</p>	<p>75</p>
<p>Crisis Psychotherapy Additional 30 mins</p>	<p>Crisis Therapy time spent 75 min and beyond.</p>	<p>90840</p>	<p>None</p>	<p>Add-on</p>		

<p>New Client Visit (E+M) First 74 mins</p> <p>99202 - 15-29 min</p> <p>99203 - 30-44 min</p> <p>99204 - 45-59 min</p> <p>99205 - 60-74 min</p>	<p>Specialty Mental Health Evaluation and Management codes are determined by the amount of service time. The time for the services is the total time on the date of the encounter. It includes both the face-to-face time with the patient and/or family/caregiver and non-face-to-face time personally spent by the physician or other qualified health care professional on the day of the encounter. It includes time regardless of the location of the physician or other qualified health care professional (eg, whether in or out of the outpatient office).</p> <p>Physician or other qualified health care professional time includes the following activities, when performed:</p> <ul style="list-style-type: none"> • Preparing to see the patient (eg, review of tests) • Obtaining and/or reviewing separately obtained history • Performing a medically appropriate examination and/or evaluation • Counseling and educating the patient/family/caregiver • Ordering medications, tests, or procedures • Referring and communicating with other healthcare professionals (when not separately reported) • Documenting clinical information in the electronic or other health record • Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver • Care coordination (not separately reported) <p>A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the last three years. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.</p>	9920P	20-24	Primary	Y (G2212)	75
---	---	-------	-------	---------	--------------	----

<p>Est Client Visit (E+M) First 54 mins</p> <p>99212 - 10-19 min</p> <p>99213 - 20-29 min</p> <p>99214 - 30-39 min</p> <p>99215 - 40-54 min</p>	<p>Specialty Mental Health Evaluation and Management codes are determined by the amount of service time. The time for the services is the total time on the date of the encounter. It includes both the face-to-face time with the patient and/or family/caregiver and non-face-to-face time personally spent by the physician or other qualified health care professional on the day of the encounter. It includes time regardless of the location of the physician or other qualified health care professional (eg, whether in or out of the outpatient office).</p> <p>Physician or other qualified health care professional time includes the following activities, when performed:</p> <ul style="list-style-type: none"> • Preparing to see the patient (eg, review of tests) • Obtaining and/or reviewing separately obtained history • Performing a medically appropriate examination and/or evaluation • Counseling and educating the patient/family/caregiver • Ordering medications, tests, or procedures • Referring and communicating with other healthcare professionals (when not separately reported) • Documenting clinical information in the electronic or other health record • Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver • Care coordination (not separately reported) <p>An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.</p>	9921P	20-24	Primary	Y (G2212)	55
---	--	-------	-------	---------	--------------	----

<p>Med team client absent with physician</p>	<p>Medical team conference with interdisciplinary team of health care professionals, participation by physician. Patient and/or family not present. Minimum 30 minutes. No time extension.</p> <p>Medical team conferences include face-to-face participation by a minimum of three qualified health care professionals from different specialties of disciplines (each of whom provides direct care to the patient). The participants are actively involved in the development, revision, coordination, and implementation of health care services needed by the patient.</p> <p>Billing by MD/DO ONLY.</p>	<p>99367</p>	<p>13</p>	<p>Primary</p>		
<p>ICC Med team client absent with physician</p>	<p>Medical team conference with interdisciplinary team of health care professionals, participation by physician. Patient and/or family not present. Minimum 30 minutes. No time extension. Provided to youth clients who meet criteria for ICC.</p> <p>Medical team conferences include face-to-face participation by a minimum of three qualified health care professionals from different specialties of disciplines (each of whom provides direct care to the patient). The participants are actively involved in the development, revision, coordination, and implementation of health care services needed by the patient.</p> <p>Billing by MD/DO ONLY.</p>	<p>99367HK</p>	<p>13</p>	<p>Primary</p>		
<p>Care management - directed by physician</p>	<p>Care management services for behavioral health conditions, directed by a physician. Minimum 20 minutes. No time extension.</p>	<p>99484</p>	<p>13</p>	<p>Primary</p>		

ICC Care management - directed by physician	Care management services for behavioral health conditions, directed by a physician. Minimum 20 minutes. No time extension. Provided to youth clients who meet criteria for ICC.	99484HK	13	Primary		
Sign Language or Interpretative Service		T1013	N/A	Add-on		
Interactive Complexity	<p>Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.</p> <p>Interactive complexity may be reported when one of the following is present:</p> <ol style="list-style-type: none"> 1. The need to manage a maladaptive communication (eg, high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care. 2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan. 3. Evidence or disclosure of a sentinel event and mandated report to third party (eg, abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants. 4. Use of play equipment or other physical devices to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who has not developed, or has lost, either the 	90785	N/A	Add-on		

	<p>expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communications skills to understand the physician or other qualified health care professional if her/she were to use typical language for communication.</p> <p>When reported with an E&M service, the time must relate to the time spent providing therapy only. Interactive complexity is not a service associated with E&M services when provided without psychotherapy.</p>					
<p>E+M Therapy First 60mins</p> <p>90833 - 30 min (16-37) min 90836 - 45 (38-52) min 90838 - 60 (53+) min</p>	<p>When a patient receives both E&M services and psychotherapy services on the same day, use these psychotherapy add on codes. To report both E&M and psychotherapy, the two services must be significant and separately identifiable. Time spent on the activities of the E&M service is not included in the time used for reporting the psychotherapy service.</p>	9083A	29	Add-on	Y (G2212)	61
<p>Service add-on/extender</p> <p>15 min increments</p>		G2212	N/A	Add-on		