

# Providing Medication Support Services during COVID-19



PRESENTED TO DIRECTLY-OPERATED  
PSYCHIATRISTS

UPDATED 4/17/20

# Telephone & Telehealth Services

- **Telephone**


- Not considered face-to-face activities and, therefore, **no “face-to-face” time** will be documented (i.e. face-to-face time will always be zero).
- The **SC** modifier must be added to the procedure code for all telephone services

- **Telehealth**

- Telehealth services with the client are considered **face-to-face** because the client is visually present via videoconferencing platform
- The **GT** modifier must be added to the procedure code for all telehealth services


**▼ SERVICE INFORMATION**

Date Of Service

Program of Service   
1917A ARCADIA MHS

Only use Service Codes allowed for the Special Use Progress Note.  
If Telephone Only service, select Service Code that includes an SC Modifier.

Location of Service

Service Code  

**▼ SERVICE ADDRESS**



Facility Name

Street

City

State

9-digit zip code REQUIRED  
Enter -9998 if ZIP+4 is unknown

1. **Location of Service** – select appropriate option depending on where service would have been provided prior to COVID-19 (e.g. office)  
\*Only select “Telehealth” if telehealth would have been provided prior to COVID-19
2. **Procedure Code Modifier**
  - a) GT – Telehealth
  - b) SC – Phone
3. **Facility Name/Street/City/Zip** - fields will be grayed out if “Home (client home)” and “Office” is selected; for other options, an address will have to be entered

# Documentation

- If a service is provided in a non-standard manner, documentation should identify:
  - It was because of the COVID-19 crisis
  - The method in which it was provided
  - Client agreement with the method
- Dr. Bonds sent out a memo re: **Initial Medication Evaluations via phone** (H2010SC with FTF=0)...here is a snip it of his sample verbiage to document the unusual situation under which an initial medication evaluation was delivered via telephone:

"Interview and mental status exam were conducted via telephone to protect and preserve the health of patient and provider under current social distancing guidelines as recommended by the CDC and LAC Department of Public Health due to COVID-19 pandemic. Verbal consent was obtained from the patient and all risks including common medication side effects were discussed as documented on the medication consent form."

## **Medication Support Services (MSS)**

**Prescribing/furnishing and administering medications to reduce a client's mental health symptoms**

- **Evaluation of Need for Medication**
- **Evaluation of Clinical Effectiveness & Side Effects of Medications**
- **MSS other** - Prescribing, administering, dispensing & monitoring drug interactions and contraindications of psychiatric meds or biologicals
- **Obtaining Informed Consent**
- **Medication Education**
- **Collateral**
- **Plan Development**

### **MSS Procedure Codes**

- **E & M codes (require Face-to-Face Time) – (add GT for telehealth)**
- **H2010 (add SC for phone; add GT for telehealth)**
- **96372 (injection)**
- **00003 (Medi-Cal Lockout, e.g., client hospitalized)**

Activity	MSS Service Component(s)	Service Code
Initial Medication Evaluation	<ul style="list-style-type: none"> <li>Evaluation of Need for Medication</li> <li>Obtaining Informed Consent</li> <li>Plan Development</li> </ul>	<p>In Person: E&amp;M code (FTF)</p> <p>Telehealth: E&amp;M code + GT (FTF)</p> <p>Phone: H2010SC (No FTF)</p>
Evaluating clinical effectiveness & side effects of medications	<ul style="list-style-type: none"> <li>Evaluation of Clinical Effectiveness &amp; Side Effects of Medication</li> <li>Obtaining Informed Consent</li> <li>Plan Development</li> </ul>	<p>In Person: E&amp;M code (FTF)</p> <p>Telehealth: E&amp;M code + GT (FTF)</p> <p>Phone: H2010SC (No FTF)</p>
<p>Other Medication Support Services (stand alone activities not within the context of an E&amp;M service) provided to clients, significant support persons, and other pertinent parties which includes:</p> <ul style="list-style-type: none"> <li>Prescription over the phone/ refills</li> <li>Medication education in person, telehealth, or over the phone</li> <li>Discussion of side effects</li> <li>Medication plan development by phone or in person or telehealth</li> <li>Record Review in preparation for a session</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of Clinical Effectiveness &amp; S/E of Meds</li> <li>Medication Education</li> <li>Collateral</li> <li>Plan Development</li> <li>MSS Other</li> </ul>	<p>In Person: H2010HE (FTF)</p> <p>No Contact (e.g., record review): H2010HE (No FTF)</p> <p>Telehealth: H2010GT (client present – FTF; client not present e.g., collateral – No FTF)</p> <p>Phone: H2010SC (No FTF)</p>
<p>Medication Support Services that are not billable to Medi-Cal due to reasons below but are billable to another payer source:</p> <ul style="list-style-type: none"> <li>A lockout (i.e. client is in an IMD, jail/prison setting, psychiatric inpatient/psychiatric health facility/crisis residential facility)</li> <li>Lack of medical necessity</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of Clinical Effectiveness &amp; Side Effects</li> <li>Medication Education</li> <li>Collateral</li> <li>Plan Development</li> <li>MSS Other</li> </ul>	<p>00003</p> <p>Non-billable to Medi-Cal for MSS</p> <ul style="list-style-type: none"> <li>May be provided in any method of delivery; <ul style="list-style-type: none"> <li>There are no modifiers for this code;</li> </ul> </li> <li>On the progress note, enter the correct Location of Service (e.g., Other Unlisted Facility; Telehealth; Office)</li> </ul>

Activity	MSS Service Component(s)	Service Code
Administer Injections	Administration of medication	In Person only - 96372 (FTF)
Medication Education related to Mental Health Meds -includes the instruction of the use, risks, and benefits of and alternatives for medication	Medication Education	In Person: H2010HE (FTF) Telehealth: H2010GT (FTF) Phone: H2010SC (No FTF)
Order Labs / Review Labs (stand alone activities not within the context of an E&M service)	monitoring drug interactions/biologicals	In Person: H2010HE (FTF) No Contact: H2010HE (No FTF) Telehealth: H2010GT (FTF) Phone: H2010SC (No FTF)
Meeting / consulting with the treatment team regarding medications for the purpose of plan development (e.g., monitoring the client's progress based on the treatment plan; modifying the treatment plan)	Plan Development	Meeting in person with Treatment Team w/o client: H2010HE (No FTF) with client: H2010HE (FTF) Telehealth with Treatment Team w/o client: H2010GT (No FTF) with client: H2010GT (FTF) Phone – with or w/o client: H2010SC (No FTF)
Providing information to a significant support person regarding medications to assist the client in his her mental health treatment	Collateral	In Person: H2010HE (No FTF) Telehealth: H2010GT (No FTF) Phone: H2010SC (No FTF)

Activity	MSS Service Component(s)	Service Code
Reviewed the following documents <u>for the purpose of</u> preparing for a Medication Management session: reviewing labs, combo form, current meds, and/or most recent medication note – <b>and client did not show</b>	(service component based on purpose of the review) Plan Development / MSS Other	H2010HE (No FTF)
Medi-Cal Lockout (e.g. client is in an IMD, jail/prison setting, psychiatric inpatient/psychiatric health facility/crisis residential facility) – consulting over the phone with inpatient psychiatrist regarding client's outpatient medications and treatment	Plan Development	00003
Communicating with the pharmacy <u>over the phone</u> for the purpose of assisting the client to obtain their medications	MSS other	H2010SC (No FTF)
<p>Providing some supportive psychotherapy within the context of the medication management session</p> <p>*If providing ongoing individual psychotherapy, then this would be a MHS Therapy service and would need to go on a DMH MHS/TCM Treatment Plan</p>	Evaluation of Clinical Effectiveness & S/E of Meds	<p>In Person: E&amp;M code (FTF)</p> <p>Telehealth - E&amp;M code + GT (FTF)</p> <p>Phone – H2010SC (No FTF)</p>
<p>Prior authorizations – completing forms <u>online or on the phone</u> (for the purpose of assisting the client in obtaining their medication)</p> <p>*Must document the need to complete prior authorization to obtain meds</p>	MSS other	<p>No Contact: H2010HE (No FTF)</p> <p>Phone: H2010SC (No FTF)</p>
For the purpose of coordination of care, <u>gathering information from outside therapists/prescribers</u> to inform medication usage	Evaluation and Plan Development	<p>Telehealth: H2010GT (no FTF)</p> <p>Phone: H2010SC (no FTF)</p>



## Common Services that are NEVER Billable (00000)

1. Leaving messages for clients and/or significant support persons
2. Review chart with no identified service (e.g. checked to make sure everything is up to date, to schedule an appointment)
3. Writing letters for clients to show proof of treatment
4. Supervision; training purposes (e.g., receiving consultation from another psychiatrist)
5. Transfer of case: getting up to date