

Guide to Procedure Codes Frequently Asked Questions

Guide to Procedure Codes Manual:

http://file.lacounty.gov/SDSInter/dmh/1100446_GuidetoProcedureCodes.pdf

QA Bulletin 20-08: http://file.lacounty.gov/SDSInter/dmh/1100445_QABulletin20-08GuidetoProcedureCodeChanges.pdf

1. Regarding the Office/Other Outpatient Evaluation & Management (E&M) procedure codes, which should take precedence: the Level of Decision Making or Total Time? If the Level of Decision Making takes a longer period of time, how should prescribers select the appropriate code?

The decision is up to the prescriber as the rules state you may use either the level of decision making or the length of time. For Medi-Cal, there will not be any difference in reimbursement because reimbursement is based on minutes. However, if you are claiming to Medicare/OHC there might be a difference in reimbursement depending on the code selected so you might want to take that into account.

Example: Prescriber spends 35 minutes total time providing a straightforward E&M Service to a New Client.

- If the prescriber wants to base their service on level of decision-making, then select the “straightforward” E&M code of 99202
- If the prescriber wants to base their service on duration, then select the 30-44 minute E&M code of 99203

2. If a client was seen at one directly-operated clinic (e.g. Olive View) one month ago and is now scheduled at another directly-operated clinic (e.g. West Valley) for an initial medication evaluation, is that client considered “new” or “established”?

The definition of an established client is that the client has been seen by an MD/NP/DO within the Legal Entity within the past three (3) years. In this example, the client would be considered “established” because they were seen by another directly-operated clinic (all directly-operated clinics operate under the LE00019 Legal Entity).

3. Do prescribers still need to use the GT modifier for E&M services provided via telehealth (with the client seen using a video-conferencing platform) for both new and existing clients (e.g., 99202GT, 99203GT, 99212GT, 99213GT, etc.)?

Yes, the GT modifier should be added to the E&M procedure codes for all Telehealth services.

4. In the Guide to Procedure Codes, the Home E&M procedure codes do not include duration. Should the Home E&M procedure codes be selected based on duration similar to the new changes for the Office/Other Outpatient E&M procedure codes?

No. The selection of E&M procedure codes when the service is delivered in the client’s home have not changed. The American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) set the standards for the use of procedure codes. At this time, they

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have not yet updated how E&M codes other than the office/outpatient codes are used. We anticipate that these will be updated in the coming years.

5. How are the new E & M codes for the 99441, 99442, and 99443 series (E&M services over the telephone) different from the H2010SC code when both are used for medication management activities over the telephone?

There are several distinguishing factors between 99441/2/3 and H2010SC:

- For Medicare/OHC providers, 99441, 99442, and 99443 are reimbursable under Medicare/OHC while H2010SC is not and therefore must be chosen
- 99441, 99442, and 99443 require that the client is an established client (seen within the Legal Entity within the past 3 years) while H2010SC does not
- 99441, 99442, and 99443 may only be used by prescribers while prescribing medications, refilling medications and conducting other medication evaluation and management activities while H2010SC can also be used by RNs for activities beyond evaluation and management of medications such as medication education and monitoring side-effects

6. Do the new telephone E&M procedure codes (99441, 99442, 99443) take into account time spent on chart review prior to the call and documentation after the call? For example, if I speak to a client on the phone for 19 minutes and spend an additional 25 minutes for chart review and documentation then my Other Time is 44 minutes. Should I use 99442 (11-20 min) or 99443 (21+ min)?

The selection of the telephone E&M codes for established clients is based solely on the duration of the telephone call of medical discussion. So in your example, you would select 99442 based on a 19-minute call. Face to Face Time will be "0," and Other Time will be 44 minutes (duration of call + record review + documentation).

Please note, this will potentially cause a disconnection between the procedure code chosen and the amount of time on the progress note and claim. This is permissible and the reason we recommend documenting in the progress note that Other Time includes time spent reviewing the chart and documentation.

7. For initial medication evaluations, can we use 90792?

No. The 90792 code is a Mental Health Service and should be only be used for initial assessments that do not involve determinations around medications. There are only a limited number of programs in which a prescriber would use 90792 and programs should first discuss with QA.

The most appropriate codes for initial medication evaluations are Medication Support Service procedure codes (e.g. 99202, 99203GT, H2010SC)