Draft Questions for QA Knowledge Assessment Survey #8

1. In an in-person treatment planning team meeting lasting 27 minutes with the client, client's grandmother, prescribing licensed MD/DO, licensed psychologist, assigned licensed social worker, and case manager, all staff would claim H0032 except for which of the following?
    A. Licensed Social Worker
    B. Case Manager
    C. MD/DO
    D. Licensed Psychologist

Question 1 Answer:__C__

Rationales for Question 1 Answer Options:

Option A:
Per the current Guide to Procedure Codes (Rev. 2-15-24) team planning with the client/family and 3 or more interdisciplinary team members lasting less than 30 minutes is claimed with code H0032 for all disciplines, except MD/DO practitioners. Therefore, H0032 would be the code a Licensed Social Worker would use to claim for this service. *Please note that current Discipline Specific Activity sheets for Social Workers, MFTs and Professional Counselors can be referenced for more guidance as there are EHR set-up differences for directly operated and contracted providers.*
- Common Social Worker MFT and Professional Counselor Activities CalAIM **DO** 8-23-23.pdf
- Common Social Worker MFT and Professional Counselor Activities CalAIM **LE** 2-16-24.pdf

Option B:
Per the current Guide to Procedure Codes (Rev. 2-15-24) team planning with the client/family and 3 or more interdisciplinary team members lasting less than 30 minutes is claimed with code H0032 for all disciplines, except MD/DO practitioners. Therefore, H0032 would be the code a Case Manager would use to claim for this service. *Please note that current Discipline Specific Activity sheets for Case Managers can be referenced for more guidance as there are EHR set-up differences directly operated and contracted providers.*
- Common Case Managers Activities CalAIM **DO** 8-23-23.pdf
- Common Case Managers Activities CalAIM **LE** 2-16-24.pdf

Option C:
Per the current Guide to Procedure Codes (Rev. 2-15-24) team planning with the client/family and 3 or more interdisciplinary team members lasting less than 30 minutes is claimed with code H0032 for all disciplines, except MD/DO practitioners. Therefore, this would not be the code to use for an MD/DO. An MD or DO engaged in a team planning service with client/family that involves 3 or

==more interdisciplinary team members would claim the 99367 code.== *==Please note that current Discipline Specific Activity sheets for prescribers can be referenced for more guidance as there are EHR set-up differences for directly operated and contracted providers.==*

- ==Common MD DO NP Activities CalAIM DO 8-23-23.pdf==
- ==Common MD DO NP Activities CalAIM LE 2-16-24.pdf==

Option D:

Per the current Guide to Procedure Codes (Rev. 2-15-24) team planning with the client/family and 3 or more interdisciplinary team members lasting less than 30 minutes is claimed with code H0032 for all disciplines, except MD/DO practitioners. This would be the code a Licensed Psychologist would use to claim for this service. *Please note that current Discipline Specific Activity sheets for Psychologists can be referenced for more guidance as there are EHR set-up differences directly operated and contracted providers.*

2. Which of the following is true?
   A. A practitioner set up in NAPPA as a Certified Peer Specialist would claim Child and Family Team (CFT) – H2000:HK for their participation in a CFT Meeting for a client.
   B. ==A practitioner set up in NAPPA as a Certified Peer Specialist would claim Individual Peer Support – H0038 for their participation in a CFT Meeting for a client.==

Question 2 Answer: B

Rationales for Question 2 Answer Options:

Option A:

Per the current Guide to Procedure Codes (Rev. 2-15-24) All Disciplines can claim H2000:HK for their participation in a CFT Meeting except for Certified Peer Specialists. Certified Peers that are set up only as a Certified Peer Specialist in NAPPA can claim either to H0038 – Individual Peer Support or H0025 - Group Peer Support.

==Option B:==

==A Certified Peer set up only as a Certified Peer Specialist in NAPPA would claim Individual Peer Support, H0038, for their participation in a Child and Family Team meeting for a client.==

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3. Which of the following is an allowable Add-on code that can be used in **all** programs by licensed/registered/waivered practitioners?
   A. Sign Language/Interpretation (T1013)
   B. Mobile Crisis Transporting Time (T2007)
   C. Interpretation/Explanation of Results (90887:CG)
   D. Interactive Complexity (90785)
   E. All except B

Question 3 Answer: E

Rationales for Question 3 Answer Options:

Option A:
Sign Language/Interpretation is an Add-on code that can be included with the base code of a primary service to account for use of Sign Language or Interpretation. This Add-on code can be used by licensed/registered/practitioners regardless of their program. For information on the Sign Language/Interpretation Add-on Code, please reference the current Guide to Procedure Codes (Rev. 2-15-24)

Option B:
Per the current Guide to Procedure Codes (Rev. 2-15-24) the Mobile Crisis Transporting Time Add-on code can only be reported for Mobile Crisis Services to account for accompanying client while transporting them. Mobile Crisis Services are only to be delivered and claimed for by Mobile Crisis Teams such as PMRT, TT and MCOT. Please reference the Guide to Procedure Codes for more information on the Mobile Crisis Transporting Time Add-on code and Mobile Crisis Services in general.

Option C:
Interpretation/Explanation of Results is an Add-on code that can be included with the base code of a primary service to account for time spent by the provider in explaining and interpreting results from data, for example Psychological Testing, or administered questionnaires. This Add-on code can be used by licensed/registered/practitioners regardless of their program. For information on the Interpretation/Explanation of Results Add-on Code, please reference the current Guide to Procedure Codes (Rev. 2-15-24)

Option D:
Interactive Complexity is an Add-on code that can be can be included with the base code of a primary service to account for time spent by the provider in when extra time is needed to assist in communication with the client, for example reviewing the procedures involved and reasons for the provider needing to file a mandated Child Abuse report, or extra time needed to manage the client anxiety in order to participate in the session. This Add-on code can be used by licensed/registered/practitioners regardless of their program. For information on the Interactive Complexity Add-on Code, please reference the current Guide to Procedure Codes (Rev. 2-15-24)

Option E:
All the Answer options for this question except B are Add-on codes that can be used in **all** programs by licensed/registered/waivered practitioners.

4. The Interactive Complexity Add-on code may be used with psychiatric procedures when specific communication difficulties in service delivery are present (*e.g., need to manage maladaptive communication among participants that complicates delivery of care, or initiation of discussion and/or mandated report to a third party in response to evidence/disclosure of a sentinel event*).

   Which of the following statements are accurate regarding the Interactive Complexity Add-on Code?
   A. A maximum of 2 units of interactive complexity are allowed per service.
   B. This Add-on Code cannot be used by a Pharmacist, OT, RN, LVN, LPT, Mental Health Rehab Specialist, Other Qualified Provider, Peer Specialist or Student.
   C. The Interactive Complexity Add-on code cannot be used with the Sign Language/Interpretation (T1013) Add-on code.
   D. A and B
   E. B and C

Question 4 Answer: __E__

Rationales for Question 4 Answer Options:

> **Option A:**
> Per the current Guide to Procedure Codes (Rev. 2-15-24) when appropriate to use only one unit of Interactive Complexity is allowed per service, not two. Therefore, this answer option is <u>not</u> an accurate statement.

> **Option B:**
> Per the current Guide to Procedure Codes (Rev. 2-15-24) the Interactivity Complexity Add-on code cannot be used by providers who are Pharmacist, OT, RN, LVN, LPT, Mental Health Rehab Specialist, Other Qualified Provider, Peer Specialist or Student. Therefore, this answer option is an accurate statement.

> **Option C:**
> Per the current Guide to Procedure Codes (Rev. 2-15-24) Interactivity Complexity Add-on code cannot be used with the Sign Language/Interpretation (T1013) Add-on code. Therefore, this answer option is an accurate statement.

> **Option D:**
> This answer option is incorrect because it includes option A. See option A answer rationale above for further explanation.

> **Option E:**
> Both B and C are accurate statements. See options B and C answer rationales above for further explanation.

5. Extend Duration Codes (e.g., G2212, 96113, 96139) are different from Add-on Codes such as Interactive Complexity (90705), Caregiver Assessment (96161) or

Sign Language/Interpretation (T1013) in that their purpose is just to prolong the duration of certain base codes that have a limit of how much time or units can be claimed.

A. True
B. False

Question 5 Answer: A

Rationales for Question 5 Answer Options:

Option A:
G2212, 96113, and 96139 are examples of Extend Duration Codes that can be used solely for the purpose of prolonging the duration of certain base codes that have a duration limit. For certain base codes with a duration limit, the allowable Extend Duration Code is listed under the "Extend Duration Code" column in the current Guide to Procedure Codes (Rev. 2-15-24).

Option B:
See Option A