

CPT Code Changes in 2017

Evaluation and Management Codes

Prolonged Services Without Direct Patient Contact (99378-99359)

Since January 2017, Medicare has been paying for two existing CPT codes that describe non face-to-face evaluation and management work on behalf of a patient. Previously these codes were not reimbursed under Medicare. The codes, 99358 and 99359, prolonged evaluation and management (E/M) service without direct patient contact, relate to ongoing patient management and may be used on the same date a patient was seen face-to-face or on another day. The important point is that the non-face-to-face E/M service must relate to face-to-face patient care that has occurred, or will occur. The length of the E/M service must be at least 30 minutes, with work of less than that duration unreportable.

- 99358 – prolonged evaluation and management service before and/or after direct patient care; first hour [may be used when work takes at least 30 minutes]
- 99359 – each additional 30 minutes [this is an add-on code that is only used when the non-face-to-face E/M service takes at least 76 minutes]

It would seem that these codes could prove valuable when the psychiatrist has to spend great lengths time getting authorization for medications from the patient's pharmacy manager, or when a documentation review or prior authorization is required by a payer for a patient to be able to continue to receive medically necessary care. It is as yet unclear whether commercial payers will reimburse for these two codes, or how Medicare will respond to their frequent use.

Assessment and Care Planning for Patients with Cognitive Impairment (G0505*)

This code allows for payment for the work of a physician (or other appropriate billing practitioner) in assessing whether or not a patient has a cognitive impairment such as from Alzheimer's disease or vascular dementia, and, if the patient does, creating a care plan for a beneficiary, at any stage of impairment. The code has a number of required elements which must all be done in order to bill for the service.

- G0505 - Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, in office or other outpatient setting or home or domiciliary or rest home).

The following elements must be included for this code to be billed.

- Cognition-focused evaluation including a pertinent history and examination.
- Medical decision making of moderate or high complexity (defined by the E/M guidelines).
- Functional assessment (for example, Basic and Instrumental Activities of Daily Living), including decision-making capacity.
- Use of standardized instruments to stage dementia.
- Medication reconciliation and review for high-risk medications, if applicable.
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized instrument(s).
- Evaluation of safety (for example, home), including motor vehicle operation, if applicable.

- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks.
- Advance care planning and addressing palliative care needs, if applicable and consistent with beneficiary preference.
- Creation of a care plan, including initial plans to address any neuropsychiatric symptoms and referral to community resources as needed (for example, adult day programs, support groups); care plan shared with the patient and/or caregiver with initial education and support.

Behavioral Health Integration Codes (BHI)

General Care Management (G0507*)

This new behavioral health care management code, G0507, that is not tied to the Collaborative Care Model (see below) that is most likely to be used by primary care physicians. It can also be used by psychiatrists and other physician and non-physician practitioners. The code does not require any participation by a psychiatrist in the care, although the fact that it exists may encourage primary care physicians to make more referrals to psychiatrists since the code is premised on facilitating and coordinating treatment such as psychotherapy and pharmacotherapy, as well as psychiatric consultations.

- G0507: Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
 - Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
 - Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
 - Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
 - Continuity of care with a designated member of the care team.

Services included in G0507 may be provided solely by the billing practitioner or by clinical staff (clerical or administrative staff are not considered clinical staff) who perform the work “incident to” the billing physician (subject to applicable state law, licensure, scope of practice and supervision).

Because of the significant overlap of services, this code cannot be billed on the same day as any of the following codes: 90785 (Psytx complex interactive), 90791 (Psych diagnostic evaluation), 90792 (Psych diag eval w/med srvcs), 96103 (Psycho testing admin by comp), 96120 (Neuropsych tst admin w/comp), 96127 (Brief emotional/behav assmt), 99201– 99215 (Office/outpatient visits new), 99324–99337 (Domicil/r-home visits new pat), 99341–99350 (Home visits new patient), 99366–99368 (Team conf w/pat by hc prof), 99497 (Advncd care plan 30 min), 99498 (Advncd care plan addl 30 min)).

Psychiatric Collaborative Care Management Services (G0502*, G0503*, G0504*)

To support the provision of mental health care provided in primary care offices using the Collaborative Care Model (CoCM), which requires employment of a consulting psychiatrist to review patient care, CMS has made available 3 new codes—G0502, G0503, and G0504—to be used when providing behavioral health care to Medicare beneficiaries. These codes will not be billed by psychiatrists but will be used by primary care offices to enable reimbursement for collaborative care, which should make it possible for them to pay for the behavioral health care managers and consulting psychiatrists required under the care model. Psychiatrists do not have to be Medicare providers to provide psychiatric consultations as part of the Collaborative Care Model team. See

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/collaborative-care-model> for information on the specifics of the CoCM.

* All of the G codes are expected to become standard CPT codes in 2018