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UPDATE ON 2021 CHANGES TO BILLING AND DOCUMENTATION FOR OUTPATIENT E/M SERVICES

Ronald Burd, MD, Jeremy Musher, MD, and David Yankura, MD | November 2020

PRESENTER

Ronald Burd, MD, DLFAPA

Sanford Health

- Member, APA Council on Healthcare Systems and Financing
- Ad-Hoc Member and former Chair, APA Committee on RBRVS, Codes and Reimbursement
- Alt Advisor, AMA/Specialty Society RVS Update Committee

PANELISTS

Jeremy Musher, MD, DLFAPA

Chief Medical Officer and Chief Clinical Officer, Springstone

- Member, APA Committee on RBRVS, Codes & Reimbursement
- Advisor, AMA CPT Editorial Panel
- Advisor, AMA/Specialty Society RVS Update Committee

David Yankura, MD

Medical Director of Coding & Compliance

Assistant Professor of Psychiatry

Western Psychiatric Hospital of UPMC

- Member, APA Committee on RBRVS, Codes & Reimbursement
- Alternate Rep, AMA/Specialty Society RVS Update Committee

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- The presentation, slides, and panel discussion represent the opinion of the presenter and panel members

- Review the most recent edition of the CPT manual and check with your local Medicare carrier and/or commercial payers for any additional updates

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2021 UPDATE FOR E/M

E/M SERVICES

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- 2021 code selection and documentation changes impact the **office/outpatient E/M services** (99201-99215) ONLY
- Code selection and documentation remains the same for ALL other E/M families of codes
- A CPT/RUC Workgroup is reviewing the remaining E/M family of codes to bring those in line with the office/outpatient E/M series of services

EVALUATION & MANAGEMENT CODES (E/M)

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Historically

- 3 Key components – history, examination, medical decision making ("bullets")
- 3/3 needed initially, 2/3 follow ups
- Medical decision making is the complexity of:
  - Number of diagnosis and/or management option
  - Data reviewed
  - Risk of complications or comorbidities

The above remains the same in 2021 for ALL settings **EXCEPT** for the **OFFICE/OUTPATIENT E/M Codes (99202-99215)**

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OFFICE/OUTPATIENT E/M SERVICES (99202-99215)

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BIG CHANGE

- Code selection can be done on the basis of **medical decision making (MDM)** or **total time on the date of the encounter**
- **The appropriate E/M code will be determined by MDM when providing an E/M service and psychotherapy at the same encounter** (time cannot be used to determine E/M when adding on psychotherapy)
- Documentation simplified
  - Code selection based on medical decision making MUST include information pertinent to that element
  - Documentation of history or exam not needed for billing but relevant information for good clinical care should be captured
  - Code selection based on total time MUST include the total time spent on the date of the encounter and a summary of relevant clinical activities
- Eliminated 99201
- New prolonged service code for use with Office/Outpatient E/M services (99417 for each 15 minutes beyond minimum time of 99205 or 99215)

Revised Slide 11.25.2020

HISTORY AND EXAM

- "The nature and extent of the history and/or physical exam are determined by the treating physician reporting the service."
- "The extent of the history and physician examination is not an element in selection of the level of office or other outpatient codes."
- You should continue to document relevant information for medical/legal purposes and good clinical care

MEDICAL DECISION MAKING (MDM)

Modifications to the criteria for MDM

- Developed by a multispecialty CPT/RUC Workgroup
- Made to reduce variation between payers
- Attempted to align criteria with clinically intuitive concepts
- Used existing CMS and contractor tools to reduce disruption in coding patterns
- Used real-life examples in deliberations

MDM – MODIFICATIONS TO CRITERIA

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- Current CMS Table of Risk used as a foundation to create the Level of Decision Making Table
- Current CMS Contractor audit tools consulted to minimize disruption in MDM level criteria
- Removed ambiguous terms (eg, “mild”) and defined previously ambiguous concepts (eg, “acute or chronic illness with systemic symptoms”)

MDM TABLE – OFFICE OUTPATIENT SERVICES ONLY

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MDM 2020		MDM 2021 (99202-99215)
Number of diagnoses or management options	→	Number and **complexity of problems** addressed
Amount and/or complexity of data to be reviewed	→	Amount and/or complexity of data to be reviewed and **analyzed**
Risk of complications and/or morbidity or mortality	→	Risk of complications and/or morbidity or mortality of patient management

MDM DEFINITION

Self-limited or minor problem: *A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status*

Examples:

67 year old with insomnia as deciding whether or not to travel during COVID pandemic. Suggested trial of melatonin.

34 year old who questions whether they have seasonal affective disorder and whether phototherapy is helpful. Discussion of use of phototherapy.

MDM DEFINITION

Stable, chronic illness: *A problem with an expected duration of at least a year or until the death of the patient. Stable for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient who is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition).*

Example:

50 year old with long-standing diagnosis of Bipolar, stable for years on regimen of Abilify and Wellbutrin, 6 months follow-up visit.

MDM DEFINITION

Acute, uncomplicated illness or injury: A recent or new sort-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness.

Example:

22 year old whose boyfriend has left her for her roommate who has depressed mood with normal neurovegetative symptoms

MDM DEFINITION

Chronic illness with exacerbation, progression or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects but that does not require consideration of hospital level of care.

Example:

50 year old with long-standing diagnosis of Bipolar with persistent mood symptoms.

MDM DEFINITION

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness, or to prevent complications. Systemic symptoms may not be general but may be single system.

Example:

26 year old with chronic substance use disorder presenting in acute withdrawal

MDM DEFINITION

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.

Examples:

46 year old with Bipolar disorder with onset of manic symptoms

56 year old with severe akathisia from treatment of schizophrenia with antipsychotic medication

MDM DEFINITION

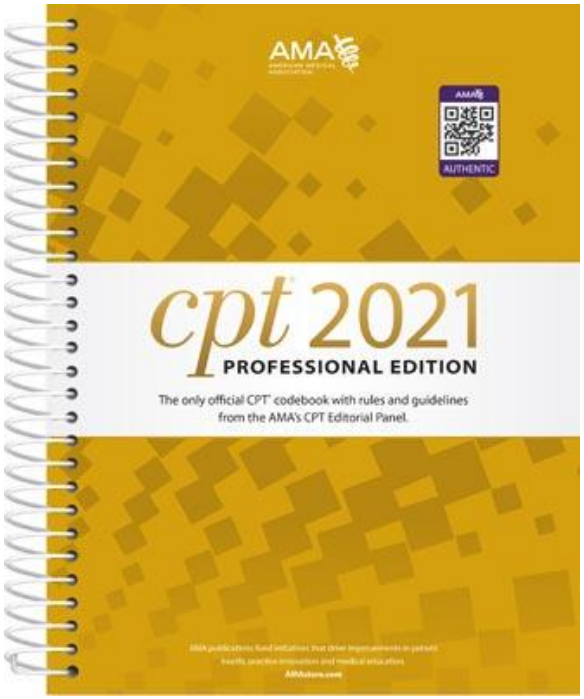
Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, an acute complicated injury or a chronic illness or injury with exacerbation and/or progression or bodily function in the near term without treatment.

Example:

Psychiatric illness with potential threat to self or others.

2021 DEFINITIONS

See 2021 CPT manual for additional definitions



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BILLING OFFICE/OUTPATIENT CARE BASED ON MEDICAL DECISION MAKING

ELEMENTS OF MDM FOR OFFICE OUTPATIENT E/M (99202-99215)

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- Number and complexity of problems addressed
- Amount and/or Complexity of Data to be Reviewed and Analyzed
- Risk of Complications and/or Morbidity/Mortality of Patient Management

MEDICAL DECISION MAKING (REVISED)

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CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**1 Self-limited problem or minor** *(Example: Bereavement)*	**Minimal/None**	**Minimal Risk**
99203 99213	Low	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness, *(Example: MDD, recurrent, in remission)* or • 1 acute, uncomplicated illness or injury *(Example: Adjustment d/o with depressed mood)*	**Limited** *(Must meet 1 of 2 categories in this box)* **Category 1: Tests and Documents:** • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test **Category 2: Assessment requiring an independent historian(s)** (confirmatory history judged to be necessary)	**Low Risk** Example: • *New patient seen for adjustment disorder and referred to therapist*
99204 99214	Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, *(Example: MDD, recurrent, moderate)* or • 2 or more stable chronic illnesses, *(Example: Schizophrenia and alcohol use d/o)* or • 1 undiagnosed new problem with uncertain prognosis, *(Example: Cognitive decline)* or • 1 acute illness with systemic symptoms, *(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)* or • 1 acute complicated injury	**Moderate** *(Must meet 1 of 3 categories in this box)* **Category 1: Tests, documents, or independent historian:** *(any combination of 3 from the following)* • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test • Assessment requiring an independent historian(s) **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), or **Category 3: Discussion of management or test interpretation** with external physician/other QHP/ appropriate source (not separately reported)	**Moderate Risk** Examples: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health • *Management of psychiatric medications* • *Patient whose adherence to treatment is impacted by homelessness*
99205 99215	High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; *(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)* or • 1 acute or chronic illness or injury that poses a threat to life or bodily function *(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)*	**Extensive** *(Must meet 2 out of 3 categories in this box)* **Category 1: Tests, documents or independent historians:** *(any combination of 3 from the following bullets)* • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test • Assessment requiring an independent historian(s) **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), or **Category 3: Discussion of management or test interpretation** with external physician/other QHP/ appropriate source (not separately reported)	**High Risk** Examples: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • *Management of Clozapine* • *Initiation of Lithium* • *Consideration of inpatient behavioral health admission*

Italicized text signifies psychiatric specific examples that have been added for educational purposes

99202/99212 – STRAIGHTFORWARD MDM (2 OF 3)

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Elements of Medical Decision Making		
Number and Complexity of Problems	**Amount and/or Complexity of Data to be Reviewed and Analyzed**	**Risk of Complications and/or Morbidity/Mortality of Patient Management**
1 Self-limiting or minor *(Example: Bereavement)*	Minimal/None	Minimal Risk

99203/99213 – LOW MDM (2 OF 3)

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Number and Complexity of Problems	**Amount and/or Complexity of Data to be Reviewed and Analyzed**	**Risk of Complications and/or Morbidity/Mortality of Patient Management**
Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness, *(Example: MDD, recurrent, in remission)* or • 1 acute, uncomplicated illness or injury, *(Example: Adjustment d/o with depressed mood)*	**Limited** *(Must meet 1 of 2 categories in this box)* **Category 1: Tests and Documents:** • Review of prior external note(s) from each unique source; • Review of result(s) of each unique test; • Ordering of each unique test, OR **Category 2: Assessment requiring an independent historian(s)** (confirmatory history judged to be necessary)	**Low Risk** Example: • *New patient seen for adjustment disorder and referred to therapist*

99204/99214 - MODERATE MDM (2 OF 3) (REVISED)

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Elements of Medical Decision Making		
Number and Complexity of Problems	**Amount and/or Complexity of Data to be Reviewed and Analyzed**	**Risk of Complications and/or Morbidity/Mortality of Patient Management**
Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment, *(Example: MDD, recurrent, moderate)* or • 2 or more stable chronic illnesses, *(Example: Schizophrenia and alcohol use d/o)* or • 1 undiagnosed new problem with uncertain prognosis, *(Example: Cognitive decline)* or • 1 acute illness with systemic symptoms, *(Example: Anorexia with bradycardia and amenorrhea)* or • 1 acute complicated injury	**Moderate** *(Must meet 1 of 3 categories in this box)* **Category 1: Tests, documents, or independent historian:** *(any combination of 3 from the following)* • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test • Assessment requiring an independent historian(s) OR **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), OR **Category 3: Discussion of management or test interpretation** with external physician/other QHP/appropriate source (not separately reported)	**Moderate Risk** Examples: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health • *Management of psychiatric medications* • *Patient whose adherence to treatment is impacted by homelessness*

99205/99215 – HIGH MDM (2 OF 3) (REVISED)

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Elements of Medical Decision Making		
Number and Complexity of Problems	**Amount and/or Complexity of Data to be Reviewed and Analyzed**	**Risk of Complications and/or Morbidity/Mortality of Patient Management**
High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment, *(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)* or • 1 acute or chronic , illness or injury that poses a threat to life or bodily function, *(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)*	**Extensive** *(Must meet 2 out of 3 categories in this box)* **Category 1: Tests, documents or independent historians:** *(any combination of 3 from the following)* • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test, • Assessment requiring an independent historian(s) OR **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), OR **Category 3: Discussion of management or test interpretation** with external physician/other QHP/appropriate source (not separately reported)	**High Risk** Examples: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • *Management of Clozapine* • *Initiation of Lithium* • *Consideration of inpatient behavioral health admission*

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED

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- Minimal [99202/99212]
  - 1 self-limited or minor problem
- Low [99203/99213]
  - 2 or more self-limited or minor problems; or
  - 1 stable chronic illness; or
  - 1 acute, uncomplicated illness or injury
- Moderate [99204/99214]
  - 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
  - 2 or more stable chronic illnesses; or
  - 1 undiagnosed new problem with uncertain prognosis; or
  - 1 acute illness with systemic symptoms; or
  - 1 acute complicated injury
- High [99205/99215]
  - 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment; or
  - 1 acute or chronic illness that poses a threat to life or bodily function

PROBLEM – ADDRESSED OR NOT

When is a problem addressed

- A problem is address or managed when it is evaluated or treated at the encounter
- Includes consideration of further testing/treatment that may not be elected due to risks/benefits or patient choice

When is a problem NOT addressed

- Simply documenting that another provider is managing the problem
- Referral without evaluation or consideration of treatment

RISK OF COMPLICATIONS AND/OR MORBIDITY/MORTALITY OF PATIENT MANAGEMENT

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- Minimal Risk [99202/99212]

- Low Risk [99203/99213]
- Example:
    - New patient seen for adjustment disorder and referred to therapist
    - Over the counter medications

- Moderate Risk [99204/99214]
  - Examples:
    - Management of psychiatric medications
    - Diagnosis or treatment significantly limited by social determinants of health (e.g. Patient whose adherence to treatment is impacted by homelessness)

- High Risk [99205-99215]
  - Examples:
    - Drug therapy requiring intensive monitoring for toxicity (e.g., Management of Clozapine; Initiation of Lithium)
    - Consideration of inpatient behavioral health admission

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BILLING OFFICE/OUTPATIENT CARE BASED ON TIME

BILLING ON BASIS OF TIME

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- **Beginning January 1, 2021**, you can select a code level in the office/outpatient setting only, whether or not counseling and/or coordination of care dominates the service (counseling/coordination of care requirement still applies in all other settings)

- Time is defined as **TOTAL TIME ON THE DATE OF THE ENCOUNTER**, of the physician (both face-to-face and non-face-to-face time), including:
  - Preparing to see the patient (e.g. review of tests, records)
  - Obtaining and/or reviewing separately obtained history
  - Performing a medically necessary appropriate exam and/or evaluation
  - Counseling and educating the patient/family/caregiver
  - Ordering medications, tests, or procedures
  - Referring and communicating with other healthcare professionals (when not reported separately)
  - Documenting clinical information in the electronic or other health record
  - Independently interpreting results and communicating results to the family
  - Care coordination (when not reported separately)

*Does not include time spent by clinical staff or residents/fellows

TIME RANGES (CPT 2021)

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New Patient	Time*	Established Patient	Time*
99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes
99205	60-74 minutes	99215	40-54 minutes

*Total time spent on the date of the encounter

NEW PROLONGED SERVICES CODE FOR OFFICE OUTPATIENT SERVICES - 99417

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Because billing can be done on time regardless of the work performed, prolonged services would only be applied when the time exceeds the typical time for a 99205 or 99215 on the date of the patient encounter

The initial time unit of 15 minutes should be added to the minimum time of the primary E/M service

99205 (60-74 min)	60 + 15 = 75 minutes
99215 (40-54 min)	40 + 15 = 55 minutes

Do not report for any time less than 15 minutes and do not count time spent performing a separately reported service other than the E/M service

NEW SLIDE: REPORTING PROLONGED SERVICES

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- Two new prolonged services codes have been developed to report lengthy E/M care – one was developed by CMS (G2212) for Medicare patients and the other by CPT (99417).
- These codes are used when the time exceeds the highest-level E/M service (99205 or 99215) by at least 15 minutes.
- **Medicare calculates the time using the maximum amount of time** for the 99205 (74 minutes plus 15 minutes) or the 99215 (54 minutes plus 15 minutes).
- **CPT calculates the time using the minimum amount of time** for the 99205 (60 minutes plus 15 minutes) or the 99215 (40 minutes plus 15 minutes).
- You will have to check payer policy for non-Medicare patients to determine which code they are using.

NEW SLIDE: REPORTING MEDICARE **HCPCS CODE G2212** FOR PROLONGED SERVICES

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New Patient Visit (99205; 60-74 minutes)	
Number of Units (w/ appropriate code) for Total Duration	**Medicare Requirements for Use of Code G2212**
99205	Under 89 minutes
99205 and **one unit**	89-103 minutes
99205 and **two units**	104-118 minutes
99205 and **three** (or more) **units** for each 15 minutes	119 minutes or more
Established Patient Visit (99215; 40-54 minutes)	
Number of Units (w/ appropriate code) for Total Duration	**Medicare Requirements for Use of Code G2212**
99215	Under 69 minutes
99215 and **one unit**	69-83 minutes
99215 and **two units**	84-98 minutes
99215 and **three** (or more) **units** for each 15 minutes	99 minutes or more

REPORTING **CPT CODE 99417** FOR PROLONGED SERVICES (REVISED)

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New Patient Visit (99205; 60-74 minutes)	
Number of Units (w/ appropriate code) for Total Duration	**CPT Requirements for Use of Code 99417**
99205	Under 75 minutes
99205 and **one unit**	75-89 minutes
99205 and **two units**	90-104 minutes
99205 and **three** (or more) **units** for each 15 minutes	105 minutes or more
Established Patient Visit (99215; 40-54 minutes)	
Number of Units (w/ appropriate code) for Total Duration	**CPT Requirements for Use of Code 99417**
99215	Under 55 minutes
99215 and **one unit**	55-69 minutes
99215 and **two units**	70-84 minutes
99215 and **three** (or more) **units** for each 15 minutes	85 minutes or more

FINE TUNING

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- Most of the time you will be using MDM
- Time will only typically be used when the MDM is low, but the clinician still spent considerable time with the patient
- Can not use time when also billing psychotherapy add-on
- How do you audit time – can't really but likely best if summarize activities
- Time counted is only the time of the billing provider (attending, resident example)
- Assessment and plan (MDM) is really what should be thought about and documented.

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RELATED ITEMS

INTERACTIVE COMPLEXITY FOR E/M SERVICES – GPC1X

- GPC1X: Visit complexity inherent to E/M associated with primary medical care services that serve as the continuing focal point for all needed health care services

Medicare Proposed Rule on 2021 Medicare PFS

"Also we finalized separate payment for HCPCS code GPC1X, to provide payment for visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition….We continue to believe that the time, intensity, and PE involved in furnishing services to patients on an ongoing basis that result in a comprehensive, longitudinal, and continuous relationship with the patient and involves delivery of team-based care that is accessible, coordinated with other practitioners and providers, and integrated with the broader health care landscape, are not adequately described by the revised office/outpatient E/M visit code set. We believe the inclusion of HCPCS add-on code GPC1X appropriately recognizes the resources involved when practitioners furnish services that are best-suited to patients' ongoing care and potentially evolving illness. We also believe the work reflected in HCPCS add-on code GPC1X is inherently distinct from existing coding that describes preventive and care management services."

REMINDER RE PSYCHOTHERAPY NOTES

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Under the HIPAA Privacy Rule, patients have always had the right to inspect or request their record, with the exception of psychotherapy notes, which are afforded extra protection under HIPAA. These must be stored separately from the rest of the medical record (including separately from a "progress note"), whether this is achieved electronically or physically in a paper record.

For more information

- https://www.hhs.gov/hipaa/for-professionals/faq/2088/does-hipaa-provide-extra-protections-mental-health-information-compared-other-health.html

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APA RESOURCES

APA PRACTICE MANAGEMENT HELPLINE

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APA members can direct future questions to:

APA Practice Management Helpline

- Email: Practicemanagement@psych.org
- Telephone: 800-343-4671

Resources for APA member, including this webinar, will be posted to the APA website on the Coding and Reimbursement page