PSYCHIATRY SERVICES: MD FOCUSED

CY2013

Risk Based Scheduled Review

Agenda

- Overview of New Risk Based Scheduled Reviews
  - Initial review findings
    - PhD summary
    - MD summary
- Examples
- Template/Psychotherapy Time
- Documentation Requirements
  - Psychotherapy
  - Initial Evaluation
  - Interactive Complexity
- Medical Necessity

Risk Based Scheduled Review

The UWP Compliance Program received approval in January 2013 to move forward with integration of the risk assessment and education process.

This program shifts our primary focus from individual reviews to a focused reviews of specific service reviews. The goal is to target, review, and provide education on services which may present a greater risk to the organization during a government audit.

This program integrates both the review and education portions of the Compliance Program

Risk Based Scheduled Review

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The services and specialties selected for these reviews were chosen based on a matrix of factors.

Factors include:

Services identified as a focus in the Office of the Inspector General (OIG) work plan, significant CPT code changes, concerns and issues raised by Noridian Administrative Services (Medicare carrier), previous reviews which indicated a possible lingering issue, and/or department concerns.

Risk Based Scheduled Review

There are 4 basic steps to this program

1. A sample review will be performed.
2. Mandatory education will be provided to all UWP members who are involved in the identified services.
3. After the education session, a second larger review of professional services performed.
4. Results of the post-education review will be provided to department leadership and interested providers in group session and a written report, which will include the findings from both the first and second reviews, will also be generated and sent to department leadership.
   - Note: depending upon the results of the initial review a secondary review and group reporting session may not be necessary

2013 RBSR Program

Identified services for 2013 Scheduled RBSR's

1. EMG and Nerve Conduction Studies
2. Critical Care Services
3. Psychiatry Services
4. Observation Services
5. High Utilization of 99214 and 99215
6. Spinal Injections for Pain Management

Psychiatry Services

- Initial Review PhD findings
  - Only two services had findings
  - Issues noted
    - Time documented did not meet the code selected
    - Diagnosis codes out of sequence

Psychiatry Services

- Initial Review MD findings
  - Issues noted
    - Psychotherapy in addition to evaluation and management service not supported
      - Unclear and confusing time statements
      - Documentation must specify time dedicated to psychotherapy
    - Time not documented for psychotherapy only service
    - Complexity add on code (90785) appended to E/M only service

Clinical Examples

Template/Psychotherapy Time

- Sample format – E/M and Psychotherapy add-on

Psychiatry Outpatient Provider Note

Date: 03/28/13 TYPE OF SERVICE: E&M, Supportive Psychotherapy (20 min)

Minutes: 30

1st document all elements of the evaluation and management service

CC:

History, Exam, Medical Decision Making

2nd document all elements required for psychotherapy (details to follow)

3rd if using add on complexity, provide summary supporting this service

DO NOT USE time statement for E/M (~~greater than 50% of this 45 min visit was spent….~~) E/M selection must be based on elements, only the psychotherapy portion is determined by time

Psychotherapy

Documentation Requirements

- Per Medicare Psychiatric Guidelines – Revised (Noridian)
- **Psychotherapy follow up documentation (90832-90838) should include:**
  - Date, name, age, length of session
  - Reason for the encounter and pertinent interval history (Note: All elements above may not have to be repeated each visit, if the frequency of the visits are less than one week, the elements must be clearly understood.)
  - Pertinent themes discussed
  - Appropriate high risk factors (S/I, H/I), where applicable

Documentation Requirements

- Interventions used including psychotherapeutic, medications, diagnostic test(s), consults, family, other
- Patient assessment (progress or regression)
- Changes in treatment plan, diagnosis and medication when appropriate
- Expected treatment outcomes on a periodic basis

Documentation Requirements

Documenting Time for Psychotherapy

- Time is attained when mid-point is passed
- When codes are ranked in sequential typical times and the actual time is between two typical times, the code with the typical time closed to the actual time is used
- Psychotherapy Code times:
  - To report 30 minutes (16-37 min.)
  - To report 45 minutes (38-52 min.)
  - 60 minutes (53+ minutes)

DO NOT Report psychotherapy if less than 16 minutes of duration

Teaching Physician for Psychiatry

Per UWP Policy and CMS Guidelines

- **Psychiatry**
- The general Teaching Physician standard applies to psychiatric services. For certain psychiatric services, the requirement of the presence of the Teaching Physician during the service may be met by concurrent observation of the service through the use of a one-way mirror or video equipment. Audio-only equipment does not satisfy the physical presence requirement. In the case of time-based services, such as individual medical psychotherapy, refer to the following section on time-based codes.
- The Teaching Physician supervising the resident must be a physician

Teaching Physician for Psychiatry

- Psychotherapy
  - Teaching Physician must be present for the period of time for which the claim is made
  - This can be met by concurrent observation via video equipment or one-way mirror
  - Teaching Physician must document his/her presence or participation
- Evaluation and Management
  - The Teaching Physician must personally document at least the following:
    - That he or she performed the service or was physically present during the critical or key portions of the service (those portions that determine the level of service billed) while a resident performed them
    - That he or she participated in the management of the patient

Teaching Physician for Psychiatry

- Teaching physician statement must meet the requirements and follow the guidelines for each service.
- Example:
  - E/M and psychotherapy during the same session
    - I saw and evaluated the patient and I agree with the residents note. I was present with the resident for 20min of supportive psychotherapy.
  - Psychotherapy only
    - I viewed and listened for 20min of supportive psychotherapy in real-time via video monitoring.

NOTE: In order to report psychotherapy add-on with resident the provider must also meet the E/M teaching physician requirements, or have provided the E/M service independently

Initial Evaluation

Documentation Requirements

- These are used for diagnostic assessment, or reassessment(s) if required, and do not include psychotherapy services.
- The codes may be reported multiple times on the same or different dates when separate sessions are performed and may be reported for significant diagnostic interviews with family members or others when performed to help diagnose the patient.

DO NOT report on same day as psychotherapy or crisis psychotherapy

Documentation Requirements

- Per Medicare Psychiatric Guidelines – Revised (Noridian)
  - Note: All elements may not be possible during the initial review.
- **Initial Evaluation (90791, 90792) should include:**
  - Date, name, age, sex, date of birth (DOB), date of service (DOS), chief complaint
  - Pertinent history of present illness (including current medications)
  - Pertinent past psychiatric history
  - Pertinent medical history
  - Pertinent family, social, developmental history

Documentation Requirements

- Pertinent mental status examination and symptoms (might include assisted daily living {ADL}), posture/gait, eye contact, motor activity (increased/decreased), affect, memory, rate/volume of speech, mood, associations, general knowledge, concentration, orientation, abstraction, paranoid ideation, hallucinations, idea of reference, appetite, sleep disturbance, etc.
- Appropriate high risk factors (i.e. suicidal/homicidal ideation)
- Diagnosis including Axes I, II, III, IV and V: o I-Clinical Disorders
  - II-Personality Disorders
  - III-General Medical Conditions
  - IV-Psychosocial and Environmental Problems
  - V-Global Assessment of Functioning

Documentation Requirements

- Initial treatment plan (including diagnostic test results, medications)
- Where psychotherapy is planned and there is a diagnosis of dementia, confusion or any type of impaired cognition, the documentation should indicate that the patient consents to and is able to participate in and benefit from the psychotherapy
- Long term goals and prognosis when possible
- Anticipated treatment duration (interval) where applicable

Teaching Physician for Psychiatry

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Interactive Complexity

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Documentation Requirements

- Psychiatric procedure may be reported "with interactive complexity" when at least one of the following is present and documented:
- Maladaptive communication
  - High anxiety, high reactivity, repeated questions, or disagreement among participants
- Emotional or behavioral conditions by caregiver that inhibit implementing treatment plan
- Mandated/Reporting/Event Exists
  - Abuse or neglect with report to state agency
  - Discussion of the sentinel event and/or report with patient and other visit participants
- Use of play equipment, interpreter, or translator required due to:
  - Inadequate language expression
  - Different language spoken between patient and professional (Not valid for Medicare)

Documentation Requirements

- Interactive Complexity relates ONLY to the Psychotherapy service and is not part of the E/M service
- Code does not describe additional time
- Time is reflected in the base code
- Code represents additional intensity
- Amount of time spent by a physician or other qualified health care professional providing interactive complexity of services should be included in the timed service code (90832,90834, 90837) or the psychotherapy add on code performed with evaluation and management (90833, 90836, 90838)

Medical Necessity

Medical Necessity

- Per Psychiatric Therapeutic Procedures – Supportive Documentation– Revised (Noridian)
- Psychotherapy services may be performed by any individual who is licensed by the state to perform psychotherapy.
  - Doctorate or masters level psychologists,
  - Clinical nurse specialists,
  - Doctorate or masters level social workers,
  - Nurse practitioners, and
  - Licensed marriage and family therapists

Medical Necessity

- Two purposes are served by appropriate documentation
  - Establishes medical necessity and reasonableness of the service
  - Administration of appropriate active treatment
    - Requires establishing a treatment goal (improvement or stabilization) and an intervention

Medical Necessity

- Each note needs to stand on its own although it is reasonable for subsequent/ongoing notes to be more succinct
- Assessment and response to treatment should be included in subsequent notes
- Psychotherapy services should include the type of intervention as well as treatment strategies

Failure to provide adequate information that establishes both medial necessity and appropriateness of service may result in denials of claims

Diagnosis

- When coding Pain disorders related to psychological factors, it is necessary to first code the type or site of the pain.
  - The psychiatric diagnosis for example 307.89 would be secondary and the patients cervical pain 723.1 would be coded first

Thank You

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Resources/References

- 2013 CPT
- https://www.noridianmedicare.com/provider/updates/docs/psychiatric_guidelines-revised.pdf%3f
- CMS Internet Only Manual (IOM) *Medicare Benefit Policy Manual, Publication 100-02, Chapters 2, 6, 13 and 15 at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm102c02.pdf.*
- *Medicare Claims Processing Manual, Publication 100-04, Chapters 3, 4 and 9 at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf*
- American Psychiatric Association, http://www.psych.org/cptcodingchanges