

NorthCare Network Directive

NorthCare Network Directives are developed through a collaborative interpretation of rules, regulations, and/or policy. They are provided as a standard for those working within our Network to assist in achieving compliance and consistency in our work.

Title: Physician Codes	Functional Area(s): Coding	Section(s): Health Services
Directive Supersedes: N/A	Lead Author(s): Dr. Joseph Cools Louise Wilcox Joan Tappy	Per NorthCare Directives Policy Authorized by: William Slavin, COO
Sent for 14-day Review On: 5/11/10	Effective Date: June 7, 2010	Review/Revised Date: N/A
Applies To: <input checked="" type="checkbox"/> CMHSP <input checked="" type="checkbox"/> CMHSP Sub-Contractors <input type="checkbox"/> NorthCare CA		<input type="checkbox"/> CA Sub-Contractors <input type="checkbox"/> Other: _____ <input type="checkbox"/> Excluding: _____

PURPOSE Health Services provides a variety of services which are to be coded according to provider type and specific service. Appropriate documentation is determined by the consumer status.

DEFINITION(S) For purposes of this directive:

- a “provider” is defined as a psychiatrist, general practitioner, nurse practitioner, or physician assistant;
- a new patient is one who has not received any professional services from the physician or another physician who belongs to the same group practice, within the past three years;
- an established patient is one who has received professional services from the physician or another physician who belongs to the same group practice, within the past three years.

SUMMARY The provider is responsible in assuring all contacts are coded correctly. It is pertinent that clinicians authorize the correct code and provide data for provider to determine consumer status. Nursing staff may support provider in determining correct code. If provider dictates note and provides CPT code, the typist may enter on the SAL. If provider does not dictate CPT code the typist may leave the CPT section of SAL blank; provider ensures correct code before signing.

DIRECTIVE(S) New CPT Codes

- Psychiatric Assessment 9XXXX (Authorization code to be used for all psychiatric assessments)
 - Provider will determine new patient vs. established patient based on information provided by chart review and clinician.
 - Specific code will be determined by the provider.

New Patient

99203 } Eligible NP & Physicians
99204 }
99205 }

Established Patient

99214 } Eligible NP
99215 } Physicians, Psych

90801 (Psychiatrists only)

- Certification Exams
 - May be completed as:
 - Part of med review (90862), or
 - psychiatric assessment (9xxxx), or
 - an individual F2F visit (contact note) (99201, 99212)
 - Certification exam document will be scanned in new category under legal.
 - Certification Exams (Not attached to Psychiatric Assessment, Med Review Note, or Contact Noted)
 - No authorization required (but should be in IPOS if it is anticipated)
 - No SAL attached to certification examination document
- Court testimony – by phone or in court
 - Contact Note coded as 90887TS
 - Either client present (F2F) or staff only (not F2F)
 - No authorization required
- IND01 – Non F2F; medication coordination used to document any contact regarding medications (on Contact Note)
- IND02 – Non F2F; Coordination of care – client consultation, physician consulting with another provider, case consultation with CSM (on Contact Note)
- ACT
 - Psychiatric Assessment – code as noted above
 - Med Review – 90862
 - Contact Note – H0039
 - Certification Exam
 - Part of med review (90862), or
 - Psychiatric Assessment (9xxxx), or
 - individual F2F visit (contact note - H0039)
 - No authorization required (but should be in IPOS if it is anticipated)
 - Court testimony
 - Contact note coded as 90887TS
 - Either client present (F2F) or staff only (not F2F)
 - No authorization required
- Telepsychiatry does not need to be authorized (place of service – telehealth).
- If clinician is not enrolled as Medicare Provider, is providing therapy, physician is on site, and want to bill Medicare then must be incident to physician care and co-signed by physician.
- Integrated Care: If 42CFR Part II and addressing SA treatment check integrated care.

METHOD OF MONITORING

Physician Peer Review
Service Verification Audits

REFERENCE(S)

For further definitions of above codes see the 2010 CPT Manual, Evaluation and Management / Office or Other Outpatient Services.