

Behavioral Providers Specialty Training

Welcome Providers!

January 31, 2013



EL PASO FIRST
Health Plans *inc.*



Vianey Licon

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EL PASO FIRST
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Sonia Lopez-Claims Director

Janel Lujan-Health Services
Director



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Sonia Lopez Claims Director



ICD-10 Overview



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Implementation Date

The HHS Ruling

January 16, 2009, the Department of Health and Human Services published a ruling

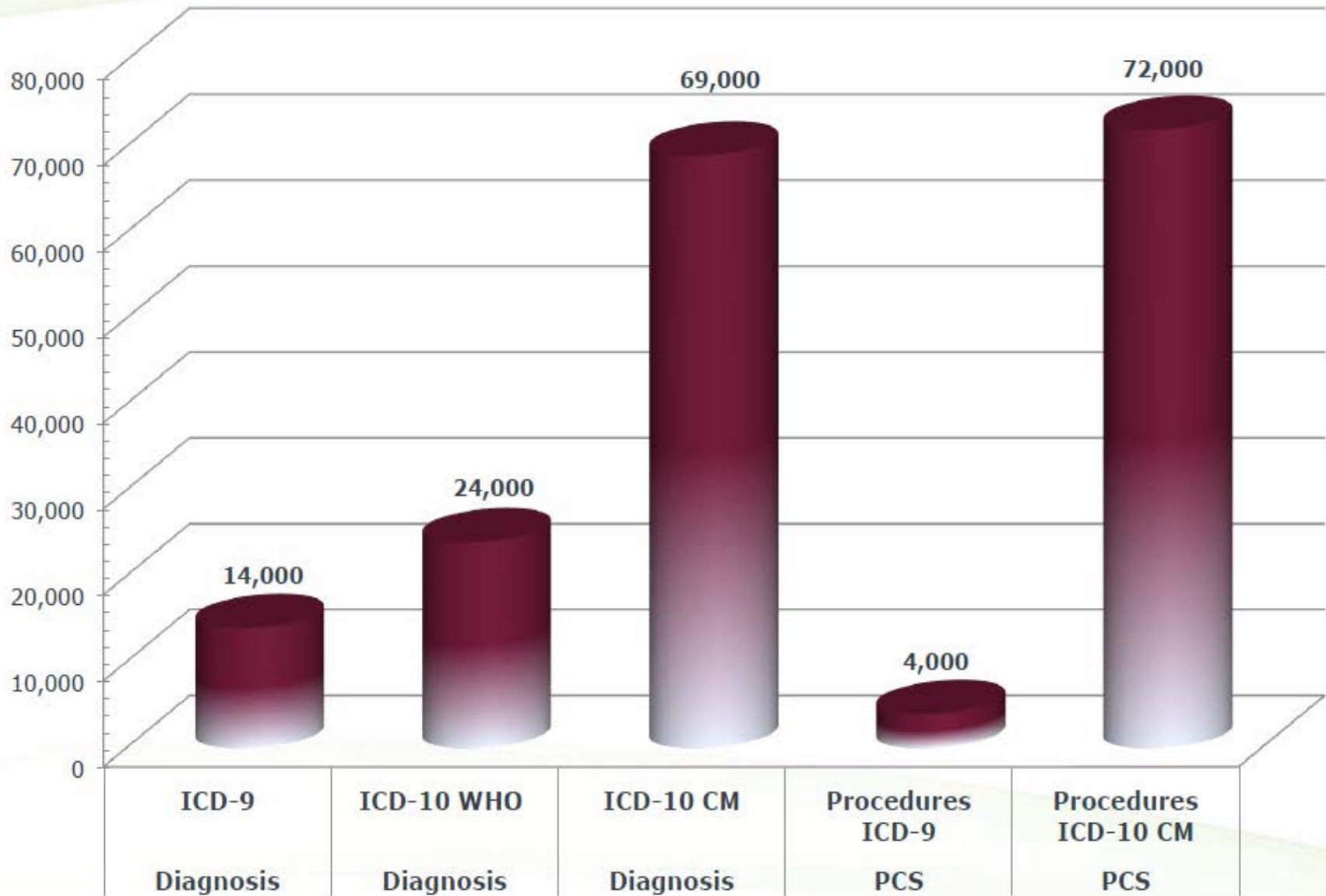
The 10th Revision of the ICD-CM be adopted to replace the ICD-9 diagnosis codes set

and

The ICD-10-PCS be adopted to replace the ICD-9 procedure code set for inpatient hospital coding.

The implementation date for the ICD-10 Code Set Is ~~October 1, 2013~~ October 1, 2014 (pending final ruling) for all covered entities.

ICD-10 Code Count Comparison



Day Submission Illustration

Professional Claims:

- If Date of Service Before 10/1/2014
 - Use ICD-9 codes for professional and institutional charges
- If Date of Service is On or After 10/1/2014
 - Use ICD-10 diagnosis codes for professional outpatient and inpatient claims

Facility Claims:

- If Discharged on 9/30/2014
 - Use ICD-9 codes diagnosis codes
 - Use ICD-9 procedure codes
- If Discharged On or After 10/1/2014
 - Use ICD-10 diagnosis codes regardless of date of service
 - Use ICD-10 procedure codes regardless of date of service

Inpatient Facility Services Discharge after 10/1/2014

Inpatient Facility Claim Discharge After 10/1/2014 = ICD-10 Codes

| OR SCD | CDX | CHARGE | UNIT | UNIT PRICE | DISCOUNT | NET AMOUNT | PAID AMOUNT | DATE | STATUS |
|-----------------------------|--------------|--|------|---|----------|--|-------------|-----------------|------------|
| 0129 | Semi-Private | | | 200.00 | | | | | Future Use |
| 0250 | Pharmacy | | | | | | | | Future Use |
| 0360 | OR Services | | | | | | | | Future Use |
| | | DOS - does not matter | | 09/28/2013 | | | | | |
| 3a PAT. CNTL # | | 1234 | | | | | | TYPE OF BILL | |
| b. MED. REC. # | | 98765 | | | | | | 0111 | |
| 5 FE D. TAX NO. | | | | 6 STATEMENT COVERS PERIOD FROM | | THROUGH | | 7 | |
| | | | | | | | | RESERVED | |
| PAGE 1 OF 1 | | CREATION DATE | | TOTALS | | 2850.00 | | 0.00 | |
| SERIAL NAME | | SICR PLAN ID | | SICR PLAN ID | | SICR PLAN ID | | SICR PLAN ID | |
| Primary Payer | | Report HIPAA National Health Plan Identifier | | Y | | Y | | 222222222 | |
| Secondary Payer | | | | Required when indicated payor has paid amount for | | Amount estimated | | L234567890 | |
| A 02468 | | | | 491234 | | | | Secondary | |
| B Secondary | | | | | | | | Tertiary | |
| C Tertiary | | | | | | | | | |
| 65 DX | | I010 | | Use A through Q to report "Other Diagnosis" if ap | | | | | |
| 69 ADMIT DX | | 1509 | | 70 PATIENT REASON DX | | May be used to report reason for visit | | 71 PPS CODE DRG | |
| 74 PRINCIPAL PROCEDURE CODE | | 027R04T | | a. OTHER PROCEDURE CODE | | b. OTHER PROCEDURE CODE | | Reserved | |
| c. OTHER PROCEDURE CODE | | | | | | | | Reserved | |
| | | | | | | | | 34569822 | |

Discharge Date > 10/1/2014

Use ICD-10 Diagnosis & Procedure Codes

Inpatient Facility Services Discharge before 10/1/2014

Inpatient Facility Services Discharge Before 10/1/2014 = ICD-9 Coding

| ICD-9-CM | DESCRIPTION | UNIT PRICE | QUANTITY | DISCOUNT | NET PRICE | ADJUSTED NET PRICE | REMARKS |
|-----------------|--------------|--|----------|---|-----------|--------------------|---------|
| 0129 | Semi-Private | 200.00 | 2 | 400.00 | 0.00 | Future Use | |
| 0250 | Priority | | 1 | 50.00 | 0.00 | | |
| 0360 | OR Services | | | 1200.00 | 0.00 | | |
| 3a PAT. CNTL. # | | 1234 | | | | | |
| b. MED. REC. # | | 98765 | | | | | |
| 5 FED. TAX N.O. | | 6 STATEMENT COVERS PERIOD FROM | | THROUGH | | | |
| | | 09/30/2013 | | 09/30/2013 | | | |
| PAGE 1 OF 1 | | CREATION DATE | | TOTALS | | 1650.00 | |
| REPORT TYPE | | REPORT NUMBER | | ISSUE DATE | | 2222222222 | |
| Primary Payer | | Report HIPAA National Health Plan Identifier | | Required when | | # 1234567890 | |
| Secondary Payer | | when mandatory | | indicated payer has paid amount to Provider | | Secondary | |
| Tertiary Payer | | | | Amount estimated to be due | | Tertiary | |

Discharge Date < 10/1/2014

Use A through Q to report "Other Diagnosis" if applicable

Use ICD-9 Diagnosis & Procedure Codes

| | | | | | | | |
|-----------------------------|----------------------|-------------------------|--|-------------------------|----------------------|-------------------------|----------------------|
| 69 ADM DX | 4280 | ADPATIENT REASON DX | May be used to report reason for visit | 71 PPS CODE E | DRG | 72 ECI | May |
| 74 PRINCIPAL PROCEDURE CODE | 3749 | PROCEDURE DATE | 09/29/2013 | a. OTHER PROCEDURE CODE | OTHER PROCEDURE DATE | b. OTHER PROCEDURE CODE | OTHER PROCEDURE DATE |
| c. OTHER PROCEDURE CODE | OTHER PROCEDURE DATE | d. OTHER PROCEDURE CODE | OTHER PROCEDURE DATE | e. OTHER PROCEDURE CODE | OTHER PROCEDURE DATE | 75 Reserved | |

Major Goals for ICD-10

1. **Classification tool** – morbidity data for indexing medical records, medical care review, and ambulatory and other medical care programs.
2. **Specificity** – more uniform, consistent level of specificity.
3. **Expandable** – a code system that can be expanded to include new codes with the development of technology and discovery of diseases within the original code structure.



Diagnosis Comparison Chart

ICD-9 to ICD-10 Diagnosis Code Comparison

| <u>ICD-9-CM Diagnosis Codes</u> | <u>ICD-10-CM Diagnosis Codes</u> |
|---|---|
| Approximately 14,000 Codes | Approximately 69,000 Codes |
| 3-5 Characters; all numeric (except for 1 st character of 'V' codes and 'E' codes) | 3-7 Characters; Value 1 - Alpha; Values 2&3-Numeric; Values 4-7 - Alpha Numeric |
| No placeholders used in the codes | 'X' used as a placeholder |
| No distinction in laterality | Includes laterality when applicable |
| No distinction in initial and subsequent encounters | Initial and subsequent encounter distinction included. New term added 'sequela' / 'sequelae' (plural) |
| No room for expansion within the code set | Code set designed to accommodate expansion within structure -alpha numeric ranges & placeholders |
| General codes - difficult to analyze | Specificity of codes improving accuracy and data analytics |
| Outdated Code Set - Limited international reporting available | Supports international reporting and data exchange between US and other countries |

Procedure Comparison Chart

ICD-9 to ICD-10 Procedure Code Comparison

| <u>ICD-9-CM Procedure Codes – Vol 3</u> | <u>ICD-10-PCS Codes</u> |
|---|--|
| 3,859 Codes | 71,920 Codes |
| 3-4 Numeric Characters With Decimal after 2 Characters | All Codes contain Z Characters; all Alpha Numeric – No decimal |
| No placeholders used in the codes | ' Z ' used as a Placeholder for Unused Qualifiers |
| Surgical Names and Eponyms Used | <u>Standard Terminology</u> for Procedures, Surgical Approaches |
| Limited Space in Code Set for New Codes | Code set designed to accommodate <u>expansion within structure</u> –alpha numeric ranges & placeholders |
| Body Parts and Surgical Approaches not Part of Code Structure | Specificity of codes including <u>Body Parts, Surgical Approaches and Qualifiers</u> |
| Codes Limit DRG Grouping & Pricing | <u>New Technology and Devices</u> Allows More Specific DRG Processing |

Structural Distinction of the Diagnosis Codes

ICD-9-CM ***Volume 1-2***

- Codes are numeric
- E Codes / V Codes Distinct Identification
- Codes are 3 or 5 digits
- No Place Holder Used



Category

Etiology,
Anatomic Site,
Manifestation

ICD-10-CM

- Codes are alpha-numeric
- Codes contain 3-7 characters
- Place Holder 'X' Used for 5th or 6th Character When Applicable



Category

Etiology,
Anatomic Site,
Manifestation

Extension

ICD-10-CM Helpful Links

ICD-10-CM Resource Material

1. *ICD-10-CM Official Guidelines for Coding and Reporting – CMS*
2. www.innerbody.com, Human Anatomy Education Site, Copyright (c) 1999 - 2011 HowToMedia, Inc.
3. www.Wikipedia.org
4. <http://medical-dictionary.thefreedictionary.com>
5. Free Online ICD-9 Look-up - <http://icd9cm.chrisendres.com>
6. <http://emedicine.medscape.com/article/412956-overview>
7. <http://www2.mbusd.org/staff/pware/humanbody.htm>
8. <http://comminutedfracture.info/>
9. <http://www.orthopaedia.com/display/Clerkship/Fractures+in+Children>
10. <http://www.icd10data.com> The Free 2012 ICD-10 Medical Online Coding & GEMS Tool
11. <http://www.aapc.com/ICD-10/resources.aspx> Free Online ICD Backward & Forward Mapping Tool
12. <http://www.anatomyarcade.com/index.html> Free Online Games and Anatomy Illustrations
13. <http://www.getbodysmart.com/index.htm> Free Online Anatomy Resources
14. <http://www.bartleby.com/107/> The free online version of the famous Gray's Anatomy of the Human Body (20th edition), with complete text and illustrations.
15. <http://thinkanatomy.com/> Online Free Anatomy Education Source

Psychiatry and Psychotherapy Coding Changes in 2013



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Significant Changes to 2013 Psychiatry CPT Code Set

Effective January 1, 2013
Current Procedural Terminology (CPT).

El Paso First Grace Period through January 31, 2013



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Deleted CPT Codes

- 90801 psychiatric diagnostic evaluation
- 90802 interactive psychiatric diagnostic evaluation
- 90804 thru 90809 outpatient psychotherapy
- 90810 thru 90815 interactive psychotherapy
- 90857 interactive group therapy

Effective January 1, 2013



New CPT Codes

- 90791 Psychiatric Diagnostic Evaluation (no medical services)
- 90792 Psychiatric Diagnostic Evaluation (with medical services)
- 90832 thru 90838 Psychotherapy
- 90853 Group Psychotherapy
- 90785 Interactive Complexity (Informational)

Effective January 1, 2013



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Psychotherapy Service Only

Primary Codes

- 90832 Psychotherapy 30 min.
- 90834 Psychotherapy 45 min.
- 90837 Psychotherapy 60 min.
- 90785 Interactive Complexity

ADD ON CODES

[Billed with E & M Code]

- + 90833 Psychotherapy 30 min.
- + 90836 Psychotherapy 45 min.
- + 90838 Psychotherapy 60 min.
- + 90840 Psychotherapy 60 min.



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| Office or Other Outpatient Services | | | | | |
|--|-------|-------|-------|-------|-------|
| Patient: New | | | | | |
| Required Components: 3/3 | | | | | |
| Code | 99201 | 99202 | 99203 | 99204 | 99205 |
| Required Key Components | | | | | |
| History and Exam (#1 and #2) | | | | | |
| Problem-Focused | X | | | | |
| Expanded Problem-Focused | | X | | | |
| Detailed | | | X | | |
| Comprehensive | | | | X | X |
| Medical Decision Making (Complexity) (#3) | | | | | |
| Straightforward | X | X | | | |
| Low | | | X | | |
| Moderate | | | | X | |
| High | | | | | X |
| Contributory Factors | | | | | |
| Presenting Problem (Severity) (#1) | | | | | |
| Self-limited or Minor | X | | | | |
| Low to Moderate | | X | | | |
| Moderate | | | X | | |
| Moderate to High | | | | X | X |
| Counseling (#2) See E/M Guidelines | | | | | |
| Coordination of Care (#3) See E/M Guidelines | | | | | |
| Typical Face-to-Face Time (#4) | | | | | |
| Minutes | 10 | 20 | 30 | 45 | 60 |

*Evaluation
&
Management
Codes*

| Office or Other Outpatient Services | | | | | |
|--|-------|-------|-------|-------|-------|
| Patient: Established | | | | | |
| Required Components: 2/3 | | | | | |
| Code | 99211 | 99212 | 99213 | 99214 | 99215 |
| Required Key Components | | | | | |
| History and Exam (#1 and #2) | | | | | |
| Problem-Focused | N/A | X | | | |
| Expanded Problem-Focused | | | X | | |
| Detailed | | | | X | |
| Comprehensive | | | | | X |
| Medical Decision Making (Complexity) (#3) | | | | | |
| Straightforward | N/A | X | | | |
| Low | | | X | | |
| Moderate | | | | X | |
| High | | | | | X |
| Contributory Factors | | | | | |
| Presenting Problem (Severity) (#1) | | | | | |
| Minimal | X | | | | |
| Self-Limited or Minor | | X | | | |
| Low to Moderate | | | X | | |
| Moderate to High | | | | X | X |
| Counseling (#2) See E/M Guidelines | | | | | |
| Coordination of Care (#3) See E/M Guidelines | | | | | |
| Typical Face-to-Face Time (#4) | | | | | |
| Minutes | 5 | 10 | 15 | 25 | 40 |

Office or Other Outpatient Services

Patient: New

Required Components: 3/3

| Code | 99201 | 99202 | 99203 | 99204 | 99205 |
|------|-------|-------|-------|-------|-------|
|------|-------|-------|-------|-------|-------|

Required Key Components

History and Exam (#1 and #2)

| | | | | | |
|--------------------------|---|---|---|---|---|
| Problem-Focused | X | | | | |
| Expanded Problem-Focused | | X | | | |
| Detailed | | | X | | |
| Comprehensive | | | | X | X |

Medical Decision Making (Complexity) (#3)

| | | | | | |
|-----------------|---|---|---|---|---|
| Straightforward | X | X | | | |
| Low | | | X | | |
| Moderate | | | | X | |
| High | | | | | X |

Contributory Factors

Presenting Problem (Severity) (#1)

| | | | | | |
|-----------------------|---|---|---|---|---|
| Self-limited or Minor | X | | | | |
| Low to Moderate | | X | | | |
| Moderate | | | X | | |
| Moderate to High | | | | X | X |

Counseling (#2)

See E/M Guidelines

Coordination of Care (#3)

See E/M Guidelines

Typical Face-to-Face Time (#4)

| | | | | | |
|---------|----|----|----|----|----|
| Minutes | 10 | 20 | 30 | 45 | 60 |
|---------|----|----|----|----|----|

Evaluation & Management Codes

ADD ON CODES

[Billed with E & M Code]

- + 90833 Psychotherapy 30 min.
- + 90836 Psychotherapy 45 min.
- + 90838 Psychotherapy 60 min.
- + 90840 Psychotherapy 60 min.

Office or Other Outpatient Services

Patient: Established

Required Components: 2/3

| Code | 99211 | 99212 | 99213 | 99214 | 99215 |
|------|-------|-------|-------|-------|-------|
|------|-------|-------|-------|-------|-------|

Required Key Components

History and Exam (#1 and #2)

| | | | | | |
|--------------------------|-----|---|---|---|---|
| Problem-Focused | N/A | X | | | |
| Expanded Problem-Focused | | | X | | |
| Detailed | | | | X | |
| Comprehensive | | | | | X |

Medical Decision Making (Complexity) (#3)

| | | | | | |
|-----------------|-----|---|---|---|---|
| Straightforward | N/A | X | | | |
| Low | | | X | | |
| Moderate | | | | X | |
| High | | | | | X |

Contributory Factors

Presenting Problem (Severity) (#1)

| | | | | | |
|-----------------------|---|---|---|---|---|
| Minimal | X | | | | |
| Self-Limited or Minor | | X | | | |
| Low to Moderate | | | X | | |
| Moderate to High | | | | X | X |

Counseling (#2)

See E/M Guidelines

Coordination of Care (#3)

See E/M Guidelines

Typical Face-to-Face Time (#4)

| | | | | | |
|---------|---|----|----|----|----|
| Minutes | 5 | 10 | 15 | 25 | 40 |
|---------|---|----|----|----|----|

Evaluation & Management Codes

ADD ON CODES

[Billed with E & M Code]

- + 90833 Psychotherapy 30 min.
- + 90836 Psychotherapy 45 min.
- + 90838 Psychotherapy 60 min.
- + 90840 Psychotherapy 60 min.

Interactive Complexity



Report + 90785 {When at least 1 of the following factors are present}

- 1) The need to manage maladaptive communication among participants that complicates delivery of care.
- 2) Caregiver emotions/behavior that interfere with implementation of the treatment plan.
- 3) Evidence/disclosure of a sentinel event and mandated report to a third party with initiation of discussion of the sentinel event and /or report with patient and other visit participants.
- 4) Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.



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Pharmacologic Management

- 90862 Deleted Code

Pharmacologic management including prescription and review of medications, when performed with psychotherapy services.

{ Billable with appropriate E & M code }



Prior Authorization

- The following services do not require prior authorization:
 - Diagnostic evaluation
 - Psychotherapy with E/M services
 - E/M services



Prior Authorization

- The following services do require prior authorization:
 - Individual psychotherapy
 - Family psychotherapy
 - Group psychotherapy



Case Management

- Licensed social workers and nurses help with:
 - Service coordination
 - Explaining health plan benefits
 - Linking members with local resources
 - Learning about our members' needs



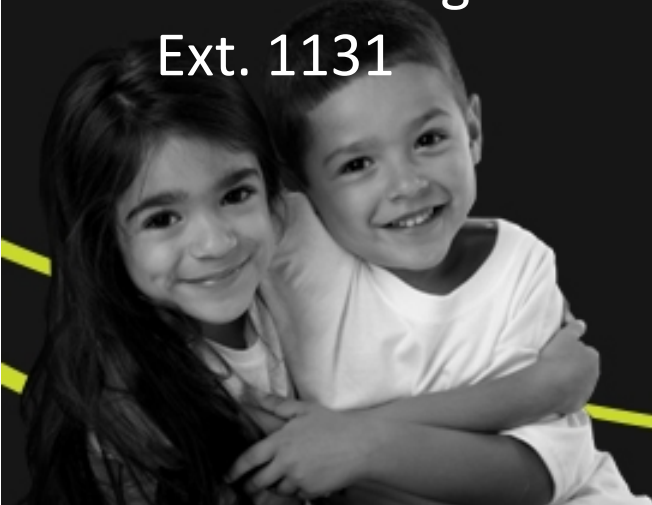
Health Services Contact Information

Behavioral Health Unit

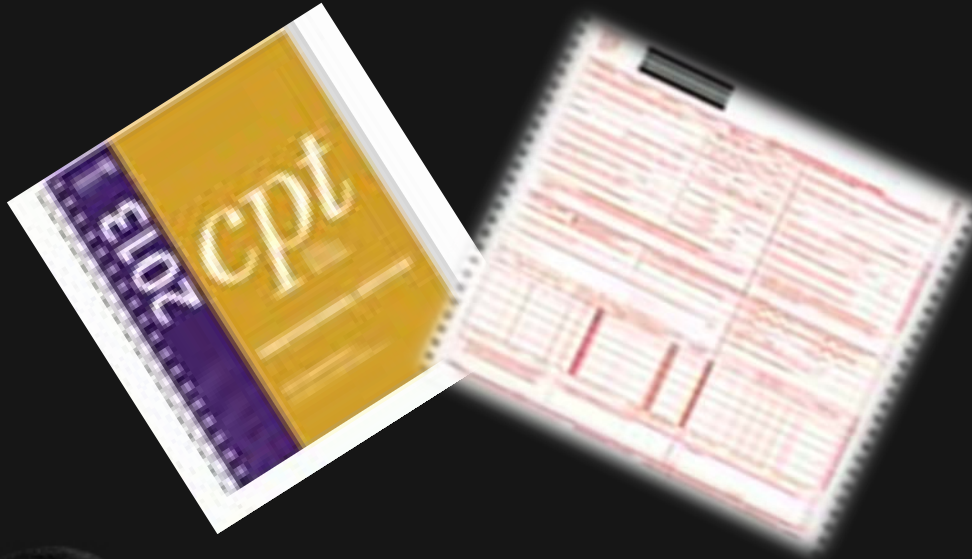
- Diana Gonzalez
Case Manager
Ext. 1082
- Aurora Arias
Case Manager
Ext. 1131

Health Services Leadership

- Janel Lujan
Director of Health Services
Ext. 1090
- Irma Vasquez
Administrative Supervisor
Ext. 1042



Code The Case Scenario



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Caregiver Emotion/Behavior

Young Elementary school-aged child. For 30 minutes, during the parent portion of the visit, mother has difficulty refocusing from verbalizing her own job stress to grasp the recommended behavioral interventions for her child.

Caregiver emotions/behavior that interfere with implementation of the treatment plan.



Maladaptive Communication

An older elementary school-aged child accompanied by divorced parents, reporting declining grades, temper outbursts, and bedtime difficulties. Parents are extremely anxious and repeatedly ask questions for 45 min. about the treatment process. Each parent continually challenges the other's observation of the patient.

The need to manage maladaptive communications among participants that complicates delivery of care.

Sentinel Event

In the process of evaluation, the adolescent child reports several episodes of sexual molestations by her older brother. The allegations are discussed with parents and report is made to state agency.

Evidence/disclosure of a sentinel event and mandated report to a third party with initiation of discussion of the sentinel event and/or report with patient and other visit participants.



Communication Barriers

Group therapy for an adolescent who requires a sign language interpreter to follow the conversation in the group.

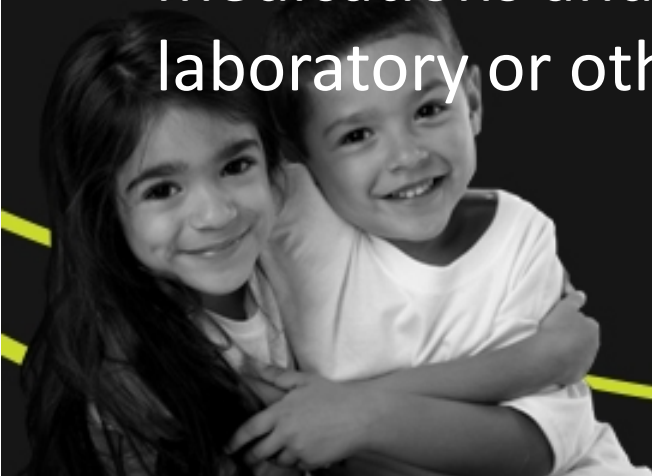
Use of play equipment, physical devices, interpreter or translator to overcome significant communication barriers.



Psychiatric Diagnostic Evaluation

Psychiatric diagnostic evaluation with medical services and an integrated biopsychosocial, and medical assessment including history, mental status, other physical examination elements as indicated and recommendations.

The evaluation may include communication with family or other sources. Prescription of medications and review and ordering of laboratory or other diagnostic studies.



Psychiatric Diagnostic Evaluation

Psychiatric diagnostic evaluation with an integrated biopsychosocial, and medical assessment including history, mental status, and recommendations.

The evaluation may include communication with family or other sources.





Nelly Espinoza



Yvonne Grenz



Priscilla Gomez



Monica Sandoval



Yolanda Ramirez



Chris Valdespino



Betty Vara

Meeting PCU



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Sonia Lopez, BS, CPC
Director of Claims
(915) 532-3778 Ext: 1097

Provider Care Unit Extension Numbers:

- 1527 – Medicaid
- 1512 – CHIP
- 1509 – Preferred Administrators
- 1504 – HCO



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