

# QRTips

May 2017

## A reminder regarding E/M codes (99212/ 99213/ 99214/ 99215) & E/M Group Home & Home visit codes (99334-99337 & 99347-99350)

Recent audits have revealed that the “greater than 50 % of time spent in counseling” checkbox has not been endorsed or that this element has been missing in the narrative of the progress note.

<input type="checkbox"/> Gait NI	<input type="checkbox"/> EPS NEG	<input type="checkbox"/> Other		
<input type="checkbox"/> Oriented X 3	<input type="checkbox"/> Speech NI	<input type="checkbox"/> Other		
<input type="checkbox"/> Mood NI	<input type="checkbox"/> Affect NI	<input type="checkbox"/> Other		
<input type="checkbox"/> SI/DTO denied	<input type="checkbox"/>	<input type="checkbox"/> Other		
<input type="checkbox"/> HI/DTO Denied	<input type="checkbox"/>	<input type="checkbox"/> Other		
<input type="checkbox"/> Delusions none	<input type="checkbox"/> Halluc. Denied	<input type="checkbox"/> Other		
<input type="checkbox"/> Thoughts NI	<input type="checkbox"/> Concentration NI	<input type="checkbox"/> Other		
<input type="checkbox"/> Insight intact	<input type="checkbox"/> Judgment intact	<input type="checkbox"/> Other		
<b>A:</b> Data Reviewed (NFTF min included in this)				
<input type="checkbox"/> Therapist Notes	<input type="checkbox"/> RN Notes	<input type="checkbox"/> Clinic charts		
<input type="checkbox"/> Outside record	<input type="checkbox"/>			
<input type="checkbox"/> Discussion with:	<input type="checkbox"/>			
<b>P:</b> <input type="checkbox"/> >50 % of time spent in Counseling & Coord. of Care				
<input type="checkbox"/> Cognitive motivational interventions				
<input type="checkbox"/> Discussed Sx/s/ Treatment's relationship to impairments/s				
<input type="checkbox"/> DX(s) affirmed	<input type="checkbox"/> Prognosis Discussed			
<input type="checkbox"/> Risk/Benefits/Alternatives Discussed				
Instruction/Education for				
<input type="checkbox"/> Medication Use	<input type="checkbox"/> Importance of adherence			
<input type="checkbox"/> Risk factor reduction				
Discussed the results of ORDER FOR:				
<input type="checkbox"/> Labs/studies	<input type="checkbox"/> Metabolic monitoring/Registry			
<input type="checkbox"/> During session, coordination of care with				
<input type="checkbox"/> Instructions for follow ups and appointments				
Next follow-up date <input type="text"/> <input type="checkbox"/> See other side.				
MEDICATION	DOSE	NUMBER	DIRECTIONS/REFILLS	CHA DISCON
I authorize HCA to bill for services indicated on this fee sheet. I certify that the services shown on document were furnished by me personally, that the services were medically necessary.				
X				Enter MD-DO Name/Title

If programs do not have this check box in their encounter document format (in paper versions or their electronic health record) then this **must be clearly described** in the narrative of the progress note.

For more detailed information about the E & M codes please see the training which is posted on the CYBH AQIS website: <http://www1.ochca.com/ochealthinfo.com/training/bhs/cpt/CPT-changes.pps>

**Be aware there are now two new revised trainings on the CYBH Training webpage:**  
<http://www.ochealthinfo.com/bhs/about/cys/support/trainings>

[Behavioral Health Access Log Training](#)

[Medi-Cal Documentation of Co-Occurring Disorders Training](#)