PerformCare®   # Provider Notice

To:	**PerformCare Provider Network (Inpatient Psychiatric Facilities)**
From:	**Scott Daubert, VP Operations**
Date:	**September 1, 2017**
Subject:	**PC-21 Clock Time Requirement for Inpatient Psychiatric Services - REVISED**

THE FOLLOWING IS A REVISION AND REPLACEMENT OF PREVIOUSLY ISSUED POLICY CLARIFICATION PC-10 CLOCK TIME REQUIREMENT FOR INPATIENT PSYCHIATRIC SERVICES

Claims Payment and Clinical Policy Clarification

Question/Issue:

For what services or Current Procedural Terminology (CPT) codes are start/end times required for documentation during an inpatient psychiatric stay?

Source Documentation / References:

PC-10 Clock Time Requirement for Inpatient Psychiatric Services (attached)

Medical Assistance Bulletin 99-97-06: Accurate Billing for Units of Service Based on Periods of Time

55 Pa. Code § 1151 Medical Assistance Manual: Inpatient Psychiatric Services

CPT® (Current Procedural Terminology), American Medical Assn.

PerformCare Answer/Response:

PerformCare's original determination in PC-10 issued July 1, 2013 was that the following services / CPT codes should include start/end times in the patient record documentation in all inpatient psychiatric facilities:
- Initial Hospital Care, New or Established Patient (99221-99223)
- Subsequent Hospital Care (99231-99233)
- Hospital Discharge Services (99238-99239)
- Inpatient Consultations, New or Established Patient (99251-99255)

However, after completion of several years of inpatient Treatment Record Reviews and discussions with inpatient psychiatric facilities, we are amending this determination to the following:

For the commonly used inpatient E/M CPT codes (e.g., 99221-99223, 99231-99233, 99238-99239, 99251-99255), the times indicated are considered the typical or average time spent face-to-face with the patient. However, this typical time spent with patients is not the only factor that contributes to proper coding. It also includes the complexity of the medical decision-making, status of the patient, and may also include additional time spent in case coordination and collaboration. In inpatient settings, time is now measured using the face-to-face time with the patient as well as other time spent on the unit or floor related to the care of the patient. This unit/floor time might include discussions with nursing staff or therapists, calls to other physicians or providers, and tasks such as reviewing or documenting in the medical record. Initial and subsequent hospital care codes include all services provided on a calendar date. Therefore, any face-to-face <u>and other unit/floor time devoted to the patient</u> between one midnight and the next should be included when determining the total time spent with the patient.

While it is possible to accurately record the clock time for the portion spent directly with the patient, it was noted in our discussions with facilities that such a note may be misleading and not include the additional time spent in case coordination and collaboration. Therefore, clock-in and clock-out times may be used by inpatient facilities, but they will no longer be expected or required by PerformCare as part of documentation of these inpatient physician services.

It is required that current documentation should include the total time spent that day (i.e., 45 minutes) and what specific amount of time or percentage of that time was direct patient care vs. coordination/collaboration. Documentation of total time spent, with time / percentages in patient face-to-face interaction and case coordination/consulting that supports the use of the E/M codes, is an acceptable approach.

Providers must familiarize themselves with E/M codes and understand the general billing and documentation requirements of E/M codes. Please see the Evaluation and Management Services Guide published by CMS which is located at this link:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html

For quality and compliance reviews of E/M documentation, PerformCare will follow these CMS guidelines.

cc: PerformCare Managers
     Tia Mann, Behavioral Health Services of Somerset and Bedford Counties
     Missy Reisinger, Tuscarora Managed Care Alliance, Franklin / Fulton Counties
     Scott Suhring, Capital Area Behavioral Health Collaborative