

## Implementation of Evaluation and Management Codes

Effective June 1, 2023, CBH has added procedure codes for office/outpatient medical evaluation and management (E&M) to the eligible provider contracts. This affords providers the flexibility to select the appropriate procedure code based on the complexity of the medical decision-making and on the total amount of time on the date of the encounter. In keeping with industry standards, CBH will be creating two new levels of care, one used for new members and one for established members. The Providers updated contract (Schedule A) will indicate the rates for each procedure code, as the rate incrementally increases based on complexity and total time of the visit.

<i>Procedure Codes For New Patient</i>	<i>Time Range (In Minutes)</i>	<i>Unit of Measure Billed</i>	<i>Procedure Codes Established Patient</i>	<i>Time Range (In Minutes)</i>	<i>Unit of Measure Billed</i>
99202	. 15-29	Visit	99212	10-19	Visit
99203	30-44	Visit	99213	20-29	Visit
99204	45-59	Visit	99214	30-39	Visit
99205	60-74	Visit	99215	40-54	Visit

New Levels of Care (LOC) that will be added to the eligible provider Contracts (Schedule A). Providers will need to select the appropriate procedure code as listed above when submitting claims for reimbursement.

<i>LOC Number</i>	<i>LOC Description</i>
300-56	Office/Outpatient Medical Evaluation for New Patient
300-98	Office/Outpatient Medical Evaluation and Management for an Established Patient
700-34	CIRC Office/Outpatient Medical Evaluation and Management for New Patient
700-35	CIRC Office/Outpatient Medical Evaluation and Management for an Established Patient

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E&M codes may be billed as one psychiatric medication management service per member, per day, in an outpatient setting when performed by a psychiatrist or CRNP. E&M codes can be billed when prescribing medication and when reviewing the effects of the prescribed medication. When billing uses E&M codes the service must be provided during a face-to-face visit with the member. When a member sees a psychiatrist or a CRNP and only medication monitoring is necessary, the provider may bill for either medication management (H0034) or an E&M visit for that date of service. Alternatively, when a psychiatrist or a CRNP provides other management services and medication management, the provider may bill an E&M visit and an appropriate service on that date.

As stated in the CPT Manual, a psychiatric evaluation must include an assessment of history, mental status, and recommendations. It may include communication with family or other sources, prescription of medications, and ordering of laboratory tests. The psychiatrist or CRNP must document one or more medical services, which can include elements of a physical examination, writing a prescription, or modifying psychiatric treatment when billing using procedure code 90792. Neither procedure code 90791 nor 90792 can be reported with an E&M code or psychotherapy service on the same day by the same provider if the service was delivered by a psychiatrist or CRNP.

CBH follows the E&M CPT code definitions as outlined in the American Medical Association's (AMA's) "CPT Manual," which is updated annually. The current version is "CPT 2023 Professional Edition". When billing E&M codes, providers must ensure that all requirements are met as described in the most current version of the "CPT Manual". CBH Compliance will review documentation related to billed claims to ensure that all elements have been met and in instances where they are not met, will move to recover inappropriate claims.

Please contact your assigned Provider Relations Representative with any questions