Managed Care, Office Hour-20230707_081646-Meeting Recording

July 7, 2023, 3:16PM

1h 34m 42s

Black, Marcelia 0:09

Oh, you got it.

Thinks, Francisco.

You started the recording.

OK, great.

All right, well, it it is 817.

We have lots of information to provide to you today, so I'm just going to give you a quick overview of the agenda and then we'll hop right into it.

So most of what we have to share today are actually a PowerPoint attachment spreadsheets.

So you'll see on the side topic one. We're going to have a tutorial from Kathy on smartcare procedural codes agenda item 2.

… **Blanca Godinez (Guest)** joined the meeting

… **Moreno, Alma** joined the meeting

Black, Marcelia 0:58

We're gonna show and share our crosswalk from Avatar to smart care.

And then Jennifer feels, Scroll down a little bit.

Agenda item 3 is our individual and group provider crosswalk and then agenda item.

The next agenda item is the full call Mesa crosswalk, so there are some additional codes that you could possibly use them.

We'll talk about that and then umm, our agenda, item 4 is our our formula for you to be able to calculate how much to enter on your CMS 1500 form for your claims.

So we have quite quite a full agenda and we will we we will share what we have to share and then stop to take questions and then go on to the next section.

… **Gerardo Madrigal** left the meeting

Black, Marcelia 1:52

So I will turn it over to Kathy.

She's going to start with agenda item one, so a training on smart care and then after her training, we will stop and show the agenda again and take questions.

So thank you, Kathy.

Take it away.

Rexroat, Katherine 2:10

Thank you.

And Jennifer, I am going to display a PowerPoint, so I will be sharing if you could pull down the agenda.

See.

👤₊ **Luna, Laura (DBH)** joined the meeting

Rexroat, Katherine 2:36

So hopefully you should all be able to see my screen.

Black, Marcelia 2:42

I can see it.

Rexroat, Katherine 2:44

Ah right.

Umm it.

Good morning.

My names Catherine rexroad.

I am the clinical supervisor, one of three clinical supervisors here at the Managed Care Office.

👤ₓ **Nancy (Guest)** left the meeting

Rexroat, Katherine 2:56

I'm gonna present to you a hopefully short tutorial on our new smart code procedure codes.

Rexroat, Katherine 3:05

Smart care procedure codes.

The training is in this meeting is being recorded.

Rexroat, Katherine 3:11

You will receive this PowerPoint following our meeting and I will be taking questions at the end of the presentation.

If you do have any questions, please feel free to enter them in the chat and at the very end we will field your questions.

So without further ado, our tutorial on the new smart care procedure codes.

Yeah.

Let me get this going.

There we go.

So effective July 1st, the California Department of Health Care Services implemented new directives as part of the California advancing and innovating medical or calling payment or form and for complete guidance along with definitions, tables of the available CPT and hit pit codes associated with claiming.

Please refer to the DHCP specialty Mental Health services medical billing Manual, version 1.4.

So if you want a fuller explanation of any codes, this is the reference you would use for ease of claims submission.

Rexroat, Katherine 4:22

The new smart care electronic health record, adopted by Fresno County Department of Behavioral Health, contains new smart care procedure codes that crosswalk to the CPT and HIPPIK codes that have been adopted by medical.

Rexroat, Katherine 4:38

This crosswalk will be explained here and for follow up questions after this meeting, please contact the DBA H Managed Care Office at mcare@fresnocountyca.gov.

This tutorial was designed to be short.

We are going to demonstrate the new smart care procedure codes.

Umm, using two of the most common claiming activities for individual group providers.

That is the initial assessment and 1st individual psychotherapy session, and we're going to focus on using a paper based CMS 1500 form.

So let's start with that first assessment.

It is Monday, July 3rd.

I am an LMFT and a Fresno County mental health plan group provider practice and I'm about to see a new client for her first assessment appointment in my office.

The assessment goes very well.

I met with the client for over a full hour 66 minutes and it took me an additional 25 minutes to complete the assessment documentation.

But how much actual time may I claim which service code or codes do I use and do any of those modifiers apply to this service?

So we're going to tackle that first question.

Umm, how much actual time may I claim on my CMS 1500 form?

All claims were outpatient services must use minutes.

Units of service only the time it takes to provide direct services associated with that procedure.

Code can be counted towards a unit of service.

EQuintanilla joined the meeting

Rexroat, Katherine 6:32

Documentation time may not be claimed, so you've probably heard this phrase. CPT.

Gerardo Madrigal (Guest) joined the meeting

Rexroat, Katherine 6:40

Again, CPT is current procedural terminology codes.

They specify not only procedure but the billing increment or a range of time which is known as a unit.

If no range is specified for a particular CPT code, direct service time must be at least 51% of a specific increment to claim, and I will be explaining that further in the coming slides.

Umm, when we, as Fresno County, transmit claims to medical for reimbursement.

All units that we transmit of service must be in whole numbers or whole units of the service or the service line will be denied and all CPT codes have a maximum units that can be built.

👤₊ **Rangel, Joseph** joined the meeting

👤 **Rexroat, Katherine**   7:37

It's identified it.

This identifies the maximum units of service that may be included on a service line for each outpatient procedure within a 24 hour period.

So if you go into the specialty mental health service building manual, you will find this maximum units that can be billed for every code.

Some have additional ways to claim time, and some services encounter in counter is transmitted to medical for reimbursement, need to be claimed with two procedure codes, the primary code and an add on code to claim reimbursement for additional time.

Yes, I know this is starting to sound very confusing.

That's why we're gonna make it easier for you.

Smart care procedure codes have been created for ease of claim submission.

The new Smartcare electronic health record adopted by Fresno County Department of Behavioral Health can contains smart care procedure codes that will automatically cross swap to the CPT and HIPPIK codes once entered into our system.

For you, the MHP individual and group providers claim submissions will continue with the CMS 1500 forms utilizing newly created smart care procedure codes.

👤_x **Valerie Curley** left the meeting

👤 **Rexroat, Katherine**   9:09

In addition, the image P individual group providers will continue to denote minutes

in the column 24G days or units and smart care will convert to the appropriate CPT or hit pick unit for claiming.

So this should make it easier.

You don't have to always know what the unit is, it'll it'll calculate it for us.

So you will be receiving after this meeting.

We'll discuss this after the training a little more in depth, but you will receive the avatar to smart care, crosswalk for individual and group of fighters, and with the transition from Avatar to Smartcare effective July 1st, 2023.

In lieu of more complex CPT and HIPPIK codes, Fresno County, we'll release or has released a set of new smart care procedure coats for all services provided on or after July 1st, 2023.

Smart care procedure codes should be entered on your CMS 1500 forms and again for all service provided on or after July 1st.

If you this month are submitting claims for June, please please use the Avatar codes.

These codes should be used effective July 1st and you'll notice that you'll get a copy of this table.

You will notice that the smart care procedure codes are all too digits and that the name of the procedure in some instances may be a little different than the old name, and a good example is under psychologist you used to see individual assessment 103.

It has now crossed, walked over to 79 psychiatric diagnostic evaluation.

So we have prepared this crosswalk for you.

You will be receiving a copy after this training.

So and also with the new payment reform.

Please be mindful that you now must reach a minimum claiming threshold in order to claim a service, so with Kaleem, please be mindful.

☺+ **Valerie Curley** joined the meeting

Rexroat, Katherine 11:42

There are now minimum time thresholds for each service.

So for example, if you were going to claim for individual assessment that is now 79 psychiatric diagnostic evaluation, it builds every 15 minutes a unit of claiming is 15 minutes.

You must reach a minimum of 51% or 8 minutes in order to claim for this service.

We will be providing you with a copy of this table.

So boy, that assessment activity that I provided on July 3rd, the proper claiming time is the direct service time of 66 minutes.

But which procedure?

Which smartcare procedure code or codes do I use and do any of those modifiers apply to this service as in eleft?

I would claim using the smart Care procedure Code 79 psychiatric diagnostic evaluation, 66 minutes in smart care.

This claim will be converted to the appropriate primary CPT code of 90791 of 1 unit and an ADD on code of G 2212 of 3 units for a total submitted claim of 60 minutes as the provider did not reach the 51% threshold for the additional 15 minute unit of claiming the additional 6 minutes are not reimbursed.

That is how the claim will convert over in our car smart care system.

And again note on a on the maximum allowable time claimed at first, I discussed the minimum threshold.

Now you must also be mindful of a maximum allowable time claimed.

All primary procedure codes and out on codes also have a specific increment of time and must be claimed in whole units when we enter it into our system.

 Dr Kimberly Jones (Guest) joined the meeting

Rexroat, Katherine 13:52

This primary procedure code has a maximum units that can be billed of 1 to equal the 1st 15 minutes and a subsequent add-on code captures the remaining time in 15 minute increments with a maximum of 14 units.

It's it's a lot of math.

Umm has the combined maximum units that can be billed for an assessment activity is 15 units the maximum reimbursable time for any assessment activity is 225 minutes per 24 hour period.

So I'm just bringing this up to make you aware you have a minimum threshold for assessment of eight minutes.

You may not bill less than 8 minutes for assessment and in any given day you may not bill more than 225 minutes within a 24 hour period.

Can you Bill assessment activity across multiple days?

Rexroat, Katherine   14:58

Yes, you may.

So you can Bill for two or three assessment appointments to depending on how complex your assessment is.

But for any given 24 hour period, the maximum here would be 225 minutes.

Now the question is, what would this look like on my CMS 1500 form?

Because there was a lot of complex information I just gave you and the good news is with the smart Care procedure Code, you're still just looking at A1 line claim.

Rexroat, Katherine   15:39

So in this case, on your assessment activity, you'd still have the date range of 73237323 for start and end, and your place is service still remains 11 office, but now you're going to use the smart care code under procedure Code IN24D which is 79.

You're only going to use one line.

You don't have to.

No additional add on codes are needed because Smartcare will do that for you.

The actual direct service time in minutes is entered in column 24G for units, so you'll see I entered 66 and then the charges equal the four CPT units, or 60 minutes allowed.

Rexroat, Katherine   16:30

You're probably thinking to yourself how the heck Kathy did you calculate that?

Umm that is 4 units at the the rate of an LPHA on your fee schedule.

Later during this meeting.

Ohh Marcy will be presenting an actual fee schedule and a range that will help you calculate the charges.

Please note, for this assessment activity no modifier is needed, so I am done with this claim.

So what if I did not render the assessment activity and July 3rd my registered associate, who is credentialed with Fresno County, did?

What if the client did not come into the office, but instead the assessment was conducted via telehealth interactive audio video?

Which smartcare procedure codes or codes would I use and do any of those modifiers apply to this ServiceNow the answer is yes.

Rexroat, Katherine   17:35

Modifiers provide a way to report or indicate that a service or procedure that has been performed has been modified by some specific circumstance, but not changed in its definition.

Modifiers will not impact how we services reimburse, but may impact how a service should be billed and or who pays for the service.

So in this case, because it was my registered associate and it was done via telehealth, I am gonna add modifiers and in this case, anytime an associate provides a service, you will use the HL modifier.

Rexroat, Katherine   18:22

That means enter so in DHCS land, registered associates are known as interns.

And because this was done outside of my office in via telehealth, I will be using a modifier to indicate the telehealth service.

So again, it's still gonna be one line on my CMS 1500 form, but now I'm adding the HL modifier to indicate the associate was the rendering provider.

95 modifier indicates telehealth.

Rexroat, Katherine   18:57

I have adjusted the charges to the unlicensed.

Provider rate and the AAMFT uses their own NPI number.

Very important when you're using the telehealth modifiers, you also must be

conscious of the place of service codes.

If you're gonna use the telehealth modifier 93 or 95, the place of service code must be O2 or 09, indicating that the client is either in their home or outside of their home, but not in your office.

Those places service codes are critical to ensure that the modifier and the claim are entered into our system smoothly.

Now it's a week later.

It's now Monday, July 10th, 2023, and the person served is returning to my office for her first individual therapy session.

The session goes very well.

As a therapist certified in the MDR, and because it meant the significant needs of my client, I conducted the first EMDR session, which lasted 84 minutes.

👤 **Sarah Thomas, LMFT** joined the meeting

👤 **Christina Ramirez** joined the meeting

🧑 **Rexroat, Katherine**   20:15

And it took me an additional 11 minutes to complete the progress note documentation, but again, how much actual time may I claim and which smart care procedure, code or codes do I use and do any of those modifiers apply to this service?

So again, a reminder, all claims for outpatient services must use your units of service and only the time it takes to provide direct services associated with the procedure code can be counted towards the unit of service.

Documentation time may not be claimed and umm though the CPT coding for psychotherapy has three distinct procedure codes based on units of time, the smart Care Procedure Code is simply 93 psychotherapy with patient smart care will crosswalk all 93 psychotherapy with patient service claims to the appropriate CPT code set dependent on the time claimed.

So in this case, when we're talking about individual psychotherapy, and this is probably the most common service that our individual providers utilize.

Psychotherapy, as far as the CPT code has three distinct CPT codes based on the unit of service.

Meaning time.

There's a 30 minute.

A 45 minute or 60 minute.

Umm you as the provider must use the total unit time, so you must use the at least 30 minutes to claim before you can move on to the next level.

So must use total unit time plus 51% of the difference between the levels of service code to claim the next level of service i.e.

30 minutes plus at least eight additional minutes.

The claim?

The 90834 cycle therapy 45 minutes with patient.

So you'll see on this slide, we have included the time range in the arrows to help you understand when you can move to the next unit of claiming and only the last unit, the last CPT code 90837 psychotherapy, 60 minutes maybe combined with the ADD on code of G2212 for the additional 15 minute units of time.

 M. Begley (Guest) joined the meeting

 Rexroat, Katherine 22:59

So yes, again, this is all a lot of claiming to worry about.

However, with the smart care procedure codes, all needed conversions to CPT coding will be done automatically in smart care only one service line is necessary.

On your CMS 1500 form, that slide makes me smile because because we've just made something a little more simple for you.

So what would this look like on a CMS 1500 form on the CMS 1500 claim form the 84 minute individual therapy session is added online too.

So what you'll see is I use the 93 smart care code.

I entered the units of 84 minutes and then you'll notice if if anybody is quick with their math that the charges are $180.90.

Umm how did I do that?

Charge is equal conversion rate of 1 unit of 90837 and two units of G 2212.

So what does that equal?

That equals 90 minutes of the full CPT code plus 15 + 15 full units minutes in full units, plus 9 minutes.

That allowed for the additional unit of claiming, as I passed the 51% of the 15 minute additional add-on claim.

So that $180.90 actually equals a 90 minute paid session, even though I am only

claiming 84 minutes.

So again, we're gonna explain that calculation a little more in an upcoming.

Document and we are going to provide you with that guidance so that you don't have to worry about all of this calculation.

We have done it for you and we will providing you that that table.

Ah, so we have claimed both of our services and I thought I was gonna be done with my training.

Except we had one more thing we wanted to request of you, and that is the pregnancy indicator.

Effective July 1st, the Department of Health Care Services published a new perinatal practice guidelines as part of the California's efforts to improve the delivery of prevention and Family Services.

As part of the new perinatal practice guidelines, if a person served is currently pregnant within 12 months of postpartum or within 12 months of post termination, the MHP provider should include the condition on the client's problem list in the clients medical record.

Using Z 34.90 encounter for supervision of normal pregnancies.

Unspecified unspecified trimester and it does crosswalk to a SNOMED toad to identify the clients condition.

All you're doing is identifying a clients condition along with their mental health condition as part of the claiming process.

In addition to adding the appropriate Z 34.90 to the problem list in the medical record on the regularly submitted CMS 1500 form in section 21, diagnosis or nature of illness or injury, in addition to the diagnosed mental health condition that supports your service claim, please always include 034.90 as part of the claim when your client fits these characteristics, this information will be added to the client profile in the county smart care system along with the claimed services for tracking purposes only and will have no effect on the actual claim reimbursement.

It is meant for tracking purposes only.

And so we do appreciate your cooperation with the pregnancy indicator.

Umm finally this tutorial was only focused on a very limited set of services assessment and individual therapy.

Rexroat, Katherine 27:46

Using the CMS 1500 form, we do strongly encourage you if you have not already gone to the Cal Mesa website, we recommend you still do.

We are going to be focusing on the smart care procedural codes, but to really understand them you do have to understand CPT coding and you will find a great tutorial CPT coding 101 on the call Mesa website.

Umm.

And the CPT coding 102, we do recommend that you take both of those trainings.

They are one hour each and for complete guidance along with definitions of tables from CPT and Hick pic.

DHCS has published that specialty mental health service medical billing manual.

We recommend that you download a copy because it can be very informative in how to work with the new codes, and if you visit the Fresno County Department of Paval Health Cal AIM Web page, we will have specific resources, trainings, and news specific to our county.

And again after this meeting, if you have any questions about Cal AIM implementation, please contact the DBH Compliance Office at dbhcompliance@fresnocounty.gov.

And with that, we are now going to open it up for questions and.

I don't see any questions in the chat.

Uh, but Tony, your hand is up.

Good morning, Tony.

Black, Marcelia 29:29

Yeah.

Can you can just one second?

Because I want Jennifer to be able to capture the questions.

So if it's OK, let's take that PowerPoint down and share the agenda.

Rexroat, Katherine 29:36

Sure.

Black, Marcelia 29:40

So we can make sure we capture all of our questions to send out.

So, OK.

Sorry, go ahead and I think go ahead, Kathy.

I think you called on someone specifically.

Rexroat, Katherine   29:50
Uh.

Tony had his hand up first.

Tony Quintanilla   29:55
Yes.

What is the code please?

Rexroat, Katherine   30:01
And Tony, you're gonna have to speak up.

We can't really hear you.

Tony Quintanilla   30:05
I see.

How about now?

Rexroat, Katherine   30:07
Yes.

Tony Quintanilla   30:09
I was wondering what is the code if we are providing a service to the patient and the patient is in their own and it's being done by either telehealth or phone.

Rexroat, Katherine   30:24
If the patient is at home, I.

Tony Quintanilla   30:27
Yes.

And they're doing a telehealth individual who would be the location code.

Rexroat, Katherine   30:36

I am going to look that up because that information is in the medical billing manual. It will take us a minute to pull that up and then I will provide.

Tony Quintanilla 30:46
Oh, I see.
OK, no worries.
I'll just lick it up.

Rexroat, Katherine 30:51
It's gonna it's going to be either 10 or O2.
Those are the places of service codes.

Tony Quintanilla 30:56
Tunnel.

Rexroat, Katherine 30:58
It's just that one indicates that the person is at home and the other one indicates they are not in your office and not at home.
So it's going to be either O2 or 10.

Curtis Donovan 31:14
So.

Tony Quintanilla 31:14
Think.

Rexroat, Katherine 31:15
And the place of service codes are in the billing manual.

Tony Quintanilla 31:21
Alright, Kathy.

Curtis Donovan 31:22
So Kathy, my question is actually related to that as well.

Tony Quintanilla 31:22
Thank you so much.

Curtis Donovan 31:27
So I wanted to throw it in while you were looking for things I received.

Rexroat, Katherine 31:31
Good morning, Curtis.

Curtis Donovan 31:32
Good morning, Kathy.
So I received a spreadsheet yesterday that had location codes and I noted on it that location codes changed and so that's why I was a little concerned.
Curious is because like you had mentioned, O2 and 10 and in this spreadsheet that I got telehealth telephone audio only client home is 03 telephone audio only not in home is 02.
So even like the group home changed from 14 to 16.
So I was trying to get some clarification as if if this is the new set of codes that we're supposed to be using, or if it's still goes back to the old location codes.

Rexroat, Katherine 32:17
I am looking at. Whoops.
No, I wasn't.
I was looking at my place of service codes.
Here we go.
So the place of service codes that I am looking at, he is on page 45 of starts on page 45 of the special team in the Hall service billing manual and you are correct.
Let's see.
Ohh.
Two is telehealth provided other than in the patients home, but that is that is OK too.
03 is school and place a service code 10 is telehealth provided in patients home.
So when you're using the place of service 10, that means the patient is sitting in their home and you're sitting elsewhere, providing telehealth UM.
O2 is telehealth provided other than the patients home.

The patient might be sitting at school or grandma's house when they're receiving the service, so I don't know if there was a change, but I am reading directly from the billing manual that says Ohh two is a place other than the patients home.

Curtis Donovan 33:21
OK.

Rexroat, Katherine 33:31
10 is telehealth provided in the patients home?

Curtis Donovan 33:35
OK, so the document that I'm referencing is the batch service global Cold Code Reference guide that was sent out by Tegan yesterday.

Rexroat, Katherine 33:46
OK.
We will double check that spreadsheet that you received yesterday.
I I'm pulling my information from the DHCP.
Billing manual.

Black, Marcelia 34:08
I'm checking to see if Tegan is on the call right now or any of Tegan's colleagues.

Rangel, Joseph 34:12
She's not, but this is Joseph.
So what?
What she sent out yesterday?

Rexroat, Katherine 34:22
Umm.

Rangel, Joseph 34:23
So and you mentioned Curtis Batch file upload.

Curtis Donovan 34:29

Yeah, I did.

But I I mean what location codes be the same regardless though if they're, if they're going into smart care, that's where I was confused and I.

Rangel, Joseph 34:31
Yeah, this group right here.

Rexroat, Katherine 34:36
Yes, well.

Rangel, Joseph 34:37
Yeah.

So for this group, Marcy and Kathy, these are individual and group providers, correct?

So, uh, this, it's gonna be not a is.

Black, Marcelia 34:48
Correct.

Rexroat, Katherine 34:49
Yes.

Rangel, Joseph 34:51
It's not a batch file upload, correct?

Rexroat, Katherine 34:54
No, but the place of service code would be the same whether you're using the CMS 1500 form for an individual group provider or the flat file for the large organizational providers.

Black, Marcelia 34:54
Yeah.

Rexroat, Katherine 35:07
The place of service code would be the same across the board.

That code set and by the way, Curtis, the group home place of service code, is 14 and.

Curtis Donovan 35:21
Now I yes, I I'm aware.
That's what I've been billing to for years.

Rexroat, Katherine 35:25
Good, yes.

Curtis Donovan 35:25
But when I looked at the new sheet yesterday, it said 16, so that's why I was trying to get some clarification on all of the location codes.

Rexroat, Katherine 35:33
We will double check that that's spreadsheet.
We will definitely double check.

Rangel, Joseph 35:36
Yeah.
The distinction is we were just talking about this yesterday.
So for the claim submittals for org providers, the majority of them will be the what do we call that the batch file upload right?
Umm, but for individual folks like here, Marcy or Kathy?
Correct me if I'm wrong, those would be direct service entry.
Is that correct individual?

Black, Marcelia 36:04
W2 we we will manage care will be directly entering the services based on the CMS 1500 forms submitted to us.

Rangel, Joseph 36:13
So it's not a batch file upload.

Black, Marcelia 36:15

No.

Rangel, Joseph 36:16

OK.

Rexroat, Katherine 36:17

No.

Rangel, Joseph 36:17

Thank you.

Rexroat, Katherine 36:19

But Curtis, we will double check.

Umm, the code set that was sent out?

Curtis Donovan 36:25

Thank you.

Rexroat, Katherine 36:29

All righty.

And then, uh, Tommy, did you have another question?

Your hand is still up.

Tony Quintanilla 36:42

No question, I think I'm putting.

Rexroat, Katherine 36:43

Ah, thank you.

And then from our chat.

Umm.

Melissa asked.

Will we get a list of rates?

Black, Marcelia 37:01

Yes, we.

Yes, we will.

Actually, that's part of our part of our presentation today.

And I see Sean is on here as well.

So that's actually information that we intend to share with you today to help you calculate what amount you should put on your CMS 1500 claim forms.

Rexroat, Katherine 37:22

And in keep in mind that you you've already distributed a list of rates per at type of provider with this contract and if you need that list of of the fee schedule for type of provider UMM we can resend that out.

And then we also have a different list of rates as far as calculating the units.

And wrote and Melissa, I hope we answered your question.

I believe so.

OK.

If not, please let us know Rohina question.

It would be really helpful to cover CMS 1500 for collateral and group services please.

We we agree and we will be providing this these office hours every other week in tackling different services in different information each week and up.

But yeah, those are also very important services that we will be covering in the future.

Black, Marcelia 38:41

And that's something we actually just as of yesterday, are still working on and developing in terms of the collateral.

So please look For more information to come on that.

So I think, Jennifer, if you wanna add under questions, umm, a request for additional information on collateral and group.

Just so we have that documented and we we already know that we are working on that and that will be provided.

Rexroat, Katherine 39:19

And then Rohina had the next question, can we include units on 24G on the CMS 1500 instead of minutes?

No, please always use minutes on the units for G for for 24 G we need to have consistency as far as taking your CMS 1500 forms and then entering them into our system to convert and we will also during a medical records audit we would also be looking to see if the units of claiming of direct service time that you entered in G or 24G match the direct service minutes claimed on your progress note.

Black, Marcelia 39:42
Umm.

Rexroat, Katherine 40:14
So you still have to in on your progress notes include direct service time, documentation time and travel time.
Even though you are not being directly reimbursed for documentation to travel, you still need to include those on your progress notes.
And then when we do a compliance audit, we compare the Minutes claimed on your CMS 1500 form to the minutes of direct service on your progress notes.
So that's why it's so important to put the minutes on the CMS 1500 form.

Black, Marcelia 40:54
Yeah, because rohina, if you if you put in the units, it's gonna short you right because what's happening on the back end is count.

Rexroat, Katherine 41:00
Yeah.

Black, Marcelia 41:04
Smart care is taking the minutes that you give us and converting them into the units.
So if you tell us it was three units of something, then you're actually going to get paid $0.00 because 3 minutes is not going to meet the threshold for any type of claiming.
So please always use the full minutes so that smart care can correctly convert your minutes to the correct CPT codes.
And one other thing to document, Jennifer is under questions.

Rexroat, Katherine   41:34

No.

Black, Marcelia   41:40

Can you also put?

Umm.

Validation of place of service codes because it sounds like there might be, we need to look at the place of service and validate that the information that was sent out to at least Curtis.

It might have gone out to the org providers, but not the individual and group, so we will validate.

Rexroat, Katherine   42:00

Yes, I'm gonna move along.

I'm gonna move along because we're gonna run out of time at 15 minutes left, I think.

Well, the link to the billing manual be sent with this training PowerPoint.

Yes, it's it's in the PowerPoint and we will put, we will, we will add the link to the email.

Black, Marcelia   42:16

Yeah, we can.

And it's it is in every set of notes that we've sent out since we started office hours with individual and group providers.

Rexroat, Katherine   42:24

Umm.

Black, Marcelia   42:31

So the link it to the billing manual is in is everywhere.

It's on the calling website.

It's anyway, it's everywhere.

Rexroat, Katherine   42:42

But we will get it to you if the patient has calva medical anthem, Blue Cross medical, do we build their state of California, Fresno County Medical card? Umm.

If you have a A.

Are you Serena?

Are you asking?

Umm.

Are you claiming to the managed care plans Anthem Blue Cross and call Viva?

Are you claiming to?

Fresno County.

Umm, MHP.

SL **Serena L (Guest)** 43:26
I'm sorry.

Repeat that.

Rexroat, Katherine 43:29
Who are you claiming to, Serena?

Are you claiming to Cal Viva or Anthem Blue Cross, which are the managed care plans?

👤ₓ **EQuintanilla** left the meeting

Rexroat, Katherine 43:38
Or are you claiming to OK?

SL **Serena L (Guest)** 43:38
Yes.

Rexroat, Katherine 43:41
If you are you, you claim to only one system in medical, so you would either claim to the managed care plan, which would be Calvary and Anthem Blue Cross.

If it's a mild to moderate condition, or if it meet the eligibility for medical, which is.

We can cover eligibility in another training.

You would then be billing to the managed care plan Fresno County, so you would

build to one or the other.

Either the managed care plan or Fresno County.

SL **Serena L (Guest)** 44:22

OK, I think that answered my question.

Thank you.

Rexroat, Katherine 44:26

OK.

Umm.

And then Elizabeth says the location code should be the same.

We will review the code sets.

Thank you, Elizabeth and Rohina, if we enter minutes on the on G on 24G on the CMS 1500.

Do we need to calculate based on the units we're gonna?

We're gonna go to the fee schedule in just a moment.

Hopefully we're China that will answer your question about how to calculate based on units.

And Melissa says yes.

Thank you.

We answer your questions so with that, thank you very much.

Tony, you had a you had a question?

TQ **Tony Quintanilla** 45:09

Yes.

So if we call the patient on the telephone and just to check in on and the telephone is 10 minutes long, would that be something we built for?

Rexroat, Katherine 45:25

Umm, you would first always identify what the purpose of the contact was so you know.

Are you providing well case management?

Are you providing individual therapy?

Most frequently with these codes, you must meet that minimum threshold of eight minutes.

So at 10 minute phone call, I would potentially be claimable.

It also is dependent on what uh intervention you provided.

So yes, you know nutshell, a 10 minute phone call for the purpose of providing a procedure would be climbable.

Tony Quintanilla　46:14

And that would be under the 15 minute increment.

Rexroat, Katherine　46:18

It depends.

Black, Marcelia　46:18

Well, let us.

Rexroat, Katherine　46:19

It depends on the type of procedure you provided.

Tony Quintanilla　46:23

I see l.

Rexroat, Katherine　46:23

So it depends on on what procedure you provided.

Marcia, I'm going to turn it.

Tony Quintanilla　46:32

Thank you.

Beck, Jennifer　46:32

You catch that question.

Black, Marcelia　46:38

So the the question was what a 10 minute phone call be?

Uh Claimable basically, right, Tony.

That was the question, would the 10 minute phone call be claimable?

And the answer the answer is if it is a claimable procedure and it meets the the threshold for billing, then yes, it would be a claimable service.

Tony Quintanilla 46:51
Yes.
Alright, thank you.

Black, Marcelia 47:10
And we'll talk about the thresholds because there are that it's that 51% threshold.
And then I know we're we're gonna.
We're gonna end up going over on time.
Sean, are you able to stay on to talk about the the fees we can actually skip to that last agenda item 1st and then go backwards, you can stay on.

Patterson, Sean 47:32
That that's fine.
I can.
I can stay on. Yep.

Black, Marcelia 47:36
OK, so rohina I see your hand up.

Rohina Fazil 47:42
Thank you.
I just wanted to clarify was the answer to the question.
Yes, if we enter minutes on the 1500, then we need to calculate based on units, correct?

Rexroat, Katherine 47:54
Yes.

Rohina Fazil 47:56
Thank you.

Black, Marcelia 47:56

Supposed.

Yeah, it's not terrible.

Rexroat, Katherine 47:57

Well, you're going to calculate in.

That's what Sean is is gonna be explaining to you.

Black, Marcelia 48:02

Yeah.

There we go.

That will make it easier.

All right.

So let's move on to agenda item 2.

If you can Scroll down.

Umm, we're going to give you a quick preview and everything that we're showing you today is going to be sent to you in an email and the recording will be too large to send out in an email.

But we will post it on our kalame website so that you can find it easily.

So the recording will be available to you, so I am going to share the basic avatar.

To smart care crosswalk.

Have a lot of things open, so I'm trying to figure out which one to share.

     FYCH- Tehzin Alarakhia (HOS/MHRS) (Guest) joined the meeting

Black, Marcelia 48:53

So here is your basic crosswalk, so this is the all of the services that used to be provided under our old agreement that was spelled out.

Here's the services that you can provide trying to get it to where I can see my scroll bar.

So here's our old codes in smart care.

So you can see on this side there's an old descriptors and old avatar codes all on the left hand side.

And then what you will see here are now all of your common claiming codes.

All of the codes that you used to claim here are the new codes.

So we will send this out to you so that it's an easy crosswalk for you.

So one thing we wanted to point out that collateral is no longer a separate service that someone would provide collateral is actually build with the intervention.

That's most closely associated with the the uh.

The type of intervention that you provided and so we will be providing as we discussed earlier, we are going to be providing subsequent information on collateral and case management.

Those are some things we've been talking about in our own just as of yesterday, as a matter of fact, developing some more guidance for the entire system of care, both internally and externally, because this is a the not having a collateral code to change and rolling it up into the type of intervention that is most closely associated with your collateral contact is a new concept for everyone that we are still working on providing additional detail.

So you can see here that there is no code any longer if there's no CPT or hit pick code for collateral specifically.

We'll let me stop sharing that.

And then I want to go ahead and skip to agenda item 4 because I know Sean's been. Been Sean worked late.

I I my my hat is off to Sean because he sent me this at midnight last night to make sure it was ready for everybody this morning.

So I just want to give a big shout out to Sean for making sure that this was ready to go.

Do do you want to show it, Sean, or do you want me to show it because I have it?

I have it open, it's up to you.

Patterson, Sean 51:32
If you have enough, that's fine.

Rexroat, Katherine left the meeting

Patterson, Sean 51:34
Yeah, if you wanna do this.

Black, Marcelia 51:34
Yeah, I have a lot of things up.

So let me make sure I share the right.

So Sean's going to help us understand on your 1500 form, how do I calculate the the amount that I should be entering for my claim?

Let me just get to sharing the right document.

Black, Marcelia   52:07

With the formulas.

OK, that's the one I want.

All right, so you can see that our finance department took our most commonly used codes, our crosswalk.

And then I will scroll over Sean and let you do the do the talking part and then you go.

Patterson, Sean   52:28

Sure, sure.

Actually, I I think maybe the the second tab might be helpful based on Kathy's amazing presentation this morning, I think she she described it as perfectly.

So really you you're trying to come up with based on your minutes, your whole units, and then trying to figure out exactly how much you'll be paid based on that.

So tender to get that you're you need to look at your number of minutes paid by.

Ah, smart care code from going to give us those smart care procedure codes.

And if you just look at the first one, for example, it's a 50 minute procedure code, SO1 unit is 50 minutes.

So if you put anywhere between 25 and 74 minutes, that equals 150 minute procedure code whole unit.

So really, to understand to to get to the amount, it's it's pretty easy.

We're just gonna take your per minute rate and multiply it by 50.

You need to know how much each procedure code is worth, so this is exactly how it rolls up.

You see 73 rolls to different CPTS based on the number of minutes.

So if you did 45 minutes, it would roll to that 99215 CPT.

That's all in the background.

You don't need to calculate any of that, but it would give you one whole unit of 47 minutes.

So you take your per minute rate, then multiply it by 47.
So like a a licensed clinician I believe is 201.

Patterson, Sean 54:13
So you just take 2.01 * 4 seven and that would give you your total.
Mints.
If you had a, let's say you were doing the the 79 that the Kathy described earlier, the psychiatric diagnostic evaluation and she described having 4 units.
That's pretty easy.
You're just taking that 15 * 4 is 60 and then multiplying that by the per minute rate of 201 and that brings you to your basically an hour that you would be paying for that even if you did 66 minutes that rounds to four whole units, which is 60 minutes.
So I Kathy made this a lot easier for me this morning because she did such a great job describing and then showing those flow charts.
Umm, I think I hope that that that supports everybody and and kind of gives you what you need to calculate this.
But I I think maybe questions if there's any questions we can go over those.

Black, Marcelia 55:21
I'll quickly show the other the the Schedule tab really quick and then we'll I'll stop sharing so that we can document the questions.

Patterson, Sean 55:23
Yeah.

Black, Marcelia 55:30
So Sean's team worked really hard on ah, these other columns here, so amounts paid by 15 minute codes, amount paid by 30 minutes and amount paid by 50 minutes of my scroll bar will cooperate with me.
Me, sorry guys.
If I'm making a nauseous, my squirrel art is not cooperating with me.
There we go.

Patterson, Sean 55:55

Yeah.

So hopefully that's helpful.

The only the only thing you need to be aware of is if there are codes that don't are, are not necessarily rolling to a 1530 or 50 minute there.

There are some other uh minutes it with some whole you that you just need to be aware of using that billing manual.

What one whole unit is equivalent to and then that's how you would come up to them.

And then your your rounding again to that closest to the to the whole unit.

So if you're trying to identify the, there is the the minutes to a 15 minute unit, it's you.

You're dividing that by two.

You're 15 minutes by two, and anything less than half, of course, is nothing more than half would round up.

We're gonna have seven.

We're round down.

Eight would round up.

So you can see there 15 + 823 would round to two units, so hopefully not too complicated, but those are those are how you would round where you would identify, umm, where those whole units would land based on your units.

And again, this is this final the final calculation is actually done in smart care.

So you don't have to worry about all those different CPT codes and everything.

Like Kathy said, you're gonna do that one line.

Black, Marcelia 57:25

Right.

And Jennifer, if you want to put the notes back up so we can document questions.

Let's see.

I see somebody.

Oh, Tony, you have your hand up.

Tony Quintanilla 57:44

Yes.

So Sean, thank you for that explanation.

I'm I'm wondering now, would I be able to link with you individually?

You come in and go over a claim form example so that I understand the calculations correctly.

Black, Marcelia 58:04

Sean, you're on mute.

Jaime Dean left the meeting

Patterson, Sean 58:09

Sorry about microphone has been weird all week.

Thank you.

The we could.

Yeah, I wanna make sure that we document for everybody.

So if if there are gifts specific questions we can address now or are you looking for kind of that detail like like what Marcy showed on the screen or what would be beneficial?

TQ Tony Quintanilla 58:32

So if I can maybe give you an example very quickly and see what what calculations we would come up, because I'm I understand that in the claim form that 1500 claim form there is a section where we add the total that we are building, right.

Patterson, Sean 58:35

Umm.

TQ Tony Quintanilla 58:48

And so in order to build in order to add the accurate calculation, let's say for example, I see a patient for 55 minutes, a minor, a child's individual therapy.

So that's 55 minutes of individual therapy.

And then I meet with the mother after the individual session.

And, you know, mothers asking for, you know, parenting strategies on what to do when the miner is displaying anger, and that session takes about, let's say, 43 minutes.

So what would that look like as far as as calculation of billing time?
But what I need to put on the claim form?

Patterson, Sean 59:33
So.
So I I'm I'm glad we're asking this in the in the group because this is a multi division response here.
So Kathy might actually be able to or Marcy be able to tell you exactly which lines you would claim that to better than I could.

Black, Marcelia 59:57
So let's capture the question accurately.
So I just want just for documentation purposes and like, don't, Sean said.
This is a multi division meeting.
So Tony, your question was do you are providing family therapy and it's 43 minutes, is that correct like and then how do I calculate what the amount would be for my 1500 claim form?

Tony Quintanilla 1:00:23
So it would start off with 55 minutes of individual therapy with a minor, and then after the after the individual therapy mother wants to meet with me for, like, a parenting family session, the child is present.

Black, Marcelia 1:00:29
Oh, OK.

Tony Quintanilla 1:00:38
She's talking about anger and and how to address the anger, and I give her some some techniques.
And that second meeting takes 43 minutes.
What previously would be collateral?

Black, Marcelia 1:00:50
OK.

Rexroat, Katherine 1:00:58

Marcy, would you like to take this or would you like me to?

Black, Marcelia 1:01:02

And go ahead if you feel comfortable or if you want me to.

I'm fine you there.

Rexroat, Katherine 1:01:05

Sure.

I'm so you know, in the coming weeks we will talk a little more about what I call collateral engagement, meaning it collateral itself is no longer an activity but collateral engagements.

When you're dealing with significant support, persons can't still be claimed, but you would claim it depending on the actual procedure that you are engaged with, and so from your brief scenario, it sounds like you would need to claim lines.

It sounds like the first procedure you provided was individual therapy with the client 55 minutes, the second, actually 45 minutes is pretty significant.

Black, Marcelia 1:01:45

Mm-hmm.

Escobedo, Francisco 1:01:46

You can.

Rexroat, Katherine 1:01:56

Good for you.

That sounds more like sycho social rehabilitation.

When you're providing the the child and then the mom strategies for dealing with angry outbursts and mom, you know, what do I do when he he has a temper tantrum?

That sounds to me on the surface as a psychosocial rehabilitation.

And so the the that's how I would claim it is two different services and you're being

very clear and that would that would actually be two different progress notes as well because you actually did two different things, two different procedures.

Black, Marcelia 1:02:30
OK.

Rexroat, Katherine 1:02:38
So on the surface, that would be my recommendation.
How you would claim that scenario that you provided?

Black, Marcelia 1:02:50
Yeah, agreed.

Beck, Jennifer 1:02:50
I'm sorry, Kathy, can you repeat that word?
It was psycho.

Rexroat, Katherine 1:02:55
Like those social rehabilitation?
And and by the way, looking at that, by the way, the individual cycle, the individual therapy session you have with the youth, you would claim 55 minutes on the CMS 1500 form and that would transition over to 4 units in our CPT coding or 60 minutes and then psychosocial rehabilitation, you're gonna claim 43 minutes on the CMS 1500 form that is gonna convert over to three units of psychosocial rehab.

Patterson, Sean 1:03:07
So.
Good, yes.

Black, Marcelia 1:03:32
Right.

Patterson, Sean 1:03:40
This.

Rexroat, Katherine 1:03:46
And then the unit of claiming for the fee would be 45 minutes.
So that's that's how it would transition over to that CMS 1500 form.

Tony Quintanilla 1:03:58
I think you.

Rexroat, Katherine 1:03:58
I'm done.

Patterson, Sean 1:03:59
But you're perfect health, and that's the that's what it.

Rexroat, Katherine 1:04:00
You're welcome.

Patterson, Sean 1:04:02
So thank you for for properly identifying the descriptions because I would not have known which one to claim that to.
But yes, so so the first one, four units at 15 minutes units, so 60 minutes.
And the second one, three units at 15 minutes, so 45 minutes and you would just take each line and do that per minute rate multiplied by the total number of whole unit.
So first line would be time, 62nd line would be times 45 perfect.

Rexroat, Katherine 1:04:32
And I I I want to say it and it also sounds like you're providing great care to that family.

Black, Marcelia 1:04:42
And before we send out, the notes will be we can have.

We'll send them to Kathy so we can add the actual Jennifer's capturing the general information and will be, uh, we can clean them up and add it so that it's exactly very clear.

Let's see.

Are there other hands up?

Who else?

Escobedo, Francisco   1:05:08

We had a question in the chat.

Black, Marcelia   1:05:16

Right, I'm trying to see the last, the last question.

Ah.

Escobedo, Francisco   1:05:25

The last one was uh rohina uh for family cycle therapy.

Black, Marcelia   1:05:27

What?

Escobedo, Francisco   1:05:31

Do we not use the prolonged code of G2212?

Rohina Fazil   1:05:31

But.

Escobedo, Francisco   1:05:37

For example, if we provided 58 minutes of family psychotherapy, wouldn't it be 1 unit of 90847 and one unit of G 2212?

Black, Marcelia   1:05:52

So that's correct rohina, but all you would need to do is put in the smart care procedural code with 58 minutes and then in smart care will take that procedural code and do exactly what you said they will.

The smart care will convert it to the 90847 and then the add on code of the G 2212.

So you just need to add put in the smart care code and the minutes and smartcare does the conversion to the correct CPT or code in the background and that's for all services.

RF **Rohina Fazil** 1:06:30
I'm.
I'm sorry, I think based on what Sean was just saying a few minutes ago that that particular code is arrange and not the 15 minute increment.
So I just wanted to clarify that that was between 26 and 74 and not use of a prolonged code of the G 2212.

Patterson, Sean 1:06:55
So.
So you're referring to referring to smartcare procedure Code 34, family cycle therapy patient present, let's say 50 minute code.
You are gonna input your minutes and anything that you input between 25 and 74 will automatically calculate as 150 minute use.

Black, Marcelia 1:07:21
So if you does that, does that make sense?
So there's that range.
It'll calculate as 50 minutes, but in your example rohina you have 58 minutes and so it will add that additional G 22.12 because you're past that range of the 70, the high end is 74.
Did that answer your question rohina?

RF **Rohina Fazil** 1:07:51
Yeah, I think what I'm hearing you guys say is at the 58 minutes, doesn't.
Involve the G22, that that would just be a second.
If you go over 75 minutes, it would be a second unit of family psychotherapy and not the prolonged code.
That's what I'm trying to clarify.

Rexroat, Katherine 1:08:10
OK, Rohena 490847, this is an interesting one because the unit of claiming is 50

minutes.

So in order to Bill for the next add-on code, you must meet the full length of 15 minutes plus 51% of that primary code, or you're gonna have to hit 26 minutes additional before we can add on anything else.

So that's why the range for family psychotherapy is so wide.

It's because you have to hit the 51% mark of the primary code, so that's why you're seeing the 74 minutes.

Rohina Fazil 1:08:58

But Kathy, do you?

Rexroat, Katherine 1:08:58

Hopefully that.

Black, Marcelia 1:08:58

Isn't that in?

Isn't that in our other document that we were gonna show Kathy that I think it's in there?

This is let me show another document what cause we're trying.

We were trying to demonstrate the thresholds, so let me pull up that document because that was another piece of information that we were going to show, which I thought, oh, I do have it open.

Rexroat, Katherine 1:09:13

Yes.

Black, Marcelia 1:09:21

It's PDF, that's why OK.

So this I think will help with the question.

So in your old smart care in the old codes that you used to use for smart care, there were, you know, you used to be able to build for like a 5 minute individual psychotherapy session, which I can't imagine that happening, but it could be you could Bill for 5 minutes now the minimum is 16 minutes.

If you're looking at psychotherapy with the patient, that's the minimum.

So that's the halfway point.

So this document that we're going to send out to everybody is giving you the new minimum threshold.

And so we're talking about group.

Is that on here?

Do we put group on here, Kathy 64, right?

Rexroat, Katherine 1:10:12

I think you're what you're looking for is the 83 family therapy that is now 34 family psychotherapy.

Black, Marcelia 1:10:14

We need 2.

Rexroat, Katherine 1:10:19

So right there.

Black, Marcelia 1:10:19

Here it is.

So I think for the family psychotherapy, if I understand it correctly, you would you would build, let's say you build 506070.

If you build 70 I 26 minutes is the absolute minimum.

So let's say you hit your 50 minutes and then you add on another 27 minutes.

You're going to bill another.

You're gonna.

It's going to convert to another, uh.

CPT code for family psychotherapy, if I'm understanding correctly, it's not one of the.

CPT codes that the G 2212 so I got I got it correct.

Rexroat, Katherine 1:11:15

At 76 minutes we could then add on the G2212 of the additional 15 minutes, but this is a good example of, you know, the majority of CPT codes, the unit of claiming is 15 minutes, but that doesn't mean all CPT codes have a unit of 15 minutes.

And so that's why we have this table with minimum thresholds.

You'll see that there are a handful, just a few, like individual psychotherapy, where you know your minimum threshold is 16 because the lowest claimable

psychotherapy is 30 minutes.

Umm, so it's just a good example of, you know not all CPT codes were created equal and that's why the minimum thresholds.

Umm, very in some instances.

Black, Marcelia 1:12:14

Did that help answer your question rohina.

Rohina Fazil 1:12:19

Umm I'm a little confused because I thought the G2212 was only 15 minute increments, but I think I'm hearing you, Cathy say that it could be a prolonged code regardless of the duration so that it could also be A50 or the 26 minute one for something that's not 50 minutes.

So looking forward to the next training to clarify that.

Rexroat, Katherine 1:12:42

Sure.

Yeah.

And we'll go back and double check it too.

We're we're only actually 2 steps ahead of all of you.

We're we're we're learning it and then we're sharing it.

So, umm, we do sometimes we'll need to ask for grace and and we will double check.

Black, Marcelia 1:13:16

Let's see.

Doctor House, you have your hand up.

Matt 1:13:20

Yes, I do.

Can you hear me?

OK.

Black, Marcelia 1:13:23

Yes.

Matt 1:13:23

OK, good.

So for physician or prescriber services for the CPT codes, they fall under evaluation and management codes.

And on those we have the choice of time or medical decision making.

So if we go ahead and document and see a patient and code based on medical decision making, do we still need to and and we document that that's the reason we code it for that.

How how do we bill out that service when it's not a time based?

Black, Marcelia 1:14:05

So the medical decision making doctor houses that related to the interactive complexity.

Matt 1:14:12

It is not medical decision making is related to look.

So, for instance, with NM codes for provider services, physician services, nurse practitioner services, we can choose a range of time or we can choose a certain medical decision making like the person had multiple issues.

👤ₓ **Valerie Curley** left the meeting

👤ₓ **Alejandra Perez** left the meeting

👤ₓ **Christina Ramirez** left the meeting

👤₊ **Valerie Curley** joined the meeting

Black, Marcelia 1:14:37

Ohh yes.

Matt 1:14:39

Right.

And so sometimes there is a weird scenario where you might have high level of

medicine, medical decision making, but it doesn't take you that much time.

And so the NM codes and the the range of reimbursement we get from other insurers sort of reflect that.

For instance, you might bill out.

It's it's rare, but it we might bill out a 99215 for someone that we're getting psychiatrically hospitalized.

That's in a crisis.

Your side all we've reviewed labs, they have acute schizophrenia and a trauma and blah, blah, blah.

And yet, maybe we only spent 15 minutes with them directly, so the Med prescriber would then document and code the medical decision making rather than time, and I'm not understanding how we actually do that in this system where we're only putting minutes.

Black, Marcelia 1:15:40

So I I have some a couple responses to that, but I see Elizabeth has her hand up.

So let you go first, Elizabeth, and then I'll respond as well.

Matt 1:15:50

OK.

Vasquez, Elizabeth A 1:15:51

Yeah, doctor.

House, we had the same question.

Umm, our medical director, Doctor Tran has the same question.

And right now the answer is the state has uh decided to just I use those NM codes based on time.

Whether that sticks and stays, because we know that Medicare and all other pairs, you see the NM CPT codes like you said based on medical decision making four time, but medical at this time is umm, using those CPT codes.

Those and M codes just based on time, because the next question is if it is based on medical decision making, what will the documentation need?

Like, will it follow the the specific criteria that you see in the CPT manual or by other players?

I'm none of that is in the medical medical billing manual at this point.
Like I said, they've tried to simplify it just the time.

Matt 1:16:51

Six, so this creates a real documentation problem for us when it comes down to audit time and and things of that sort because outside of the county we our notes are all designed for that medical document, medical decision making to show the medical decision making.
And I I think that the prescriber is gonna really have a hard time with this.
Umm, because time.
So for instance, you could.
You could have.
You could have something that's really intense really quick, but high level.
Umm.
And so they're going to document that criteria.
But then the the county or the state is gonna is gonna down code the the reimbursement.

Black, Marcelia 1:17:44

There are.

Vasquez, Elizabeth A 1:17:44

Yeah, we.

Black, Marcelia 1:17:46

So we we actually were talking, as Elizabeth said, Doctor Tran has already brought this up.
Like, OK, wait, you know, they're so we are aware of it as a system.

Matt 1:17:52

Yeah.

Black, Marcelia 1:17:55

Our medical director is aware we also met with Cal Mesa yesterday.
We've been meeting with them almost everyday since implementation to ask

questions, and one of the things that can be added, at least for now, are I'm going to send out this.

The entire spreadsheet of smart care codes and so Cal Mesa told us yesterday during the meeting that the the three codes that someone may add as an add on code, because normally like like we're saying, just put the minutes in and the system will calculate it for you.

There are three exceptions to that you would want to add interpretation, so if you're using an interpreter, there's a code for interpreter.

There's also interpretation of labs, so that kind of goes with what you're saying.

Doctor House like, maybe we have to look at labs or something.

In in terms of what's happening with the person that you're serving and then also medical complexity.

So there are add-on codes that can be used that I will be sending out today that you can add to your service that you're already providing.

So those three comments are already specifically called out.

So the labs, it sounds like from your scenario that you're describing, you could use those add on codes for labs and interactive complexity.

Matt 1:19:24
The interactive complexity is that I think 90785 and there's very specific requirements for.

Black, Marcelia 1:19:32
Parents.

Matt 1:19:33
I think I read on one of the questions and answers previously that that would not be reimbursed. Uhm.
And I think that was on one of the email chains that that was just an information gathering code.
Most insurances do reimburse for that.
You know, I a small amount, but I I thought that that would not be reimbursed.

Black, Marcelia 1:20:04

Jennifer, if you can bring back up the notes, I wanna capture this because like I said, Doctor Tran is already very aware.

Matt 1:20:11
Yeah.

Black, Marcelia 1:20:12
And we've been talking about this internally.
So if you can, did you ever get?

Matt 1:20:18
So I mean my, I mean we can provide sort of minutes, but I'm concerned with our our our dog, we're just this is a different gonna be a different challenge for documentation for us I think because the the CPT code you know which is licensed by the AMA very specific and they're trademark a way of doing it it's it's going to be challenged to say well I did a 99214 But now I'm filling out the 10 minutes and so how do we document that can we can we document that it's 99214 medical decision making or do we just put the range or or are we having to watch our clock at the same time that we're talking to that suicidal person to make sure that that minute is 51 minute 51% over or how's this gonna work on the on the documentation audits.

Black, Marcelia 1:21:21
So Jennifer, please grab that grab doctor houses question from the.
Transcription and Doctor House will get back to you on that.

Matt 1:21:32
OK.
I appreciate that.

⥁ **Kannon Nalls** left the meeting

Vasquez, Elizabeth A 1:21:34
The one other point about that just to add Doctor House, because again, you know this is something that we've looked at.
We are our county operated programs bill, other players as well and it's a challenge

is that the CPT manual reminds everyone that states can uh interpret and have billing rules around that are that might be different for those codes not and and we have found that indeed California has done that.

So if you look at the medical billing manual, I'm not.

It doesn't always jive with the CPT manual, that's the challenge.

Black, Marcelia 1:22:27

I'm sorry.

I was looking in the background at the full coat set that I'm gonna send out and the 99.

The 99214 is listed under.

Procedural code 73.

It has uh 992121314 and 1/5 are all listed under the call Mesa procedure Code 73, but let's take down the questions so that because doctor, Trans asking the same questions too so.

Matt 1:22:58

So if I can follow up on that, if we if we bill out a 99214 or let's say we we provide a 99214 level of service.

Umm, can we just then send to the county?

You know 30 minutes or or what or whatever you all determine is equivalent to that.

Or do we actually have to document the the the time 30 minutes?

Or is that what we don't know?

Black, Marcelia 1:23:31

I think well, you'll be sending it on your CMS 1500 form, correct?

So you're gonna send the.

Matt 1:23:37

Correct.

Black, Marcelia 1:23:38

I'm showing the full the full call Mesa crosswalk that's gonna go out today, which was another piece of information we were going to share anyway.

So I'm looking right here at line 74, where it has the procedure code is 73 and then it

includes, you know the the four codes that we talked about.

So you will use the procedure code and if it was 30 minutes like you said, or 45 minutes whatever you would send it.

You know the procedure code is 73 send in the Minutes and then in the background calculate the the system smart care will calculate the units that will be submitted.

And in terms of the documentation, let me get back to you.

Like I said, we've been talking internally.

Doctor Tran is brought up that some of the same questions, and so we will get back to you.

Matt 1:24:34

Thank you.

Black, Marcelia 1:24:38

And we're transcribing, so we'll make sure we get your question exactly off of the transcription so that we can communicate clearly with Doctor Tran.

But the question is.

So the conversation naturally just sort of led into the last piece of information that we wanted to share, which is we will be sending out the full smart care procedure Code set.

What we shared today with you is mostly the codes that you that you will use and have used in the past.

So we created that crosswalk from Avatar codes to smartcare codes and then we created sort of a mapping guide.

Our finance team, Sean and his team created a way for you to help calculate what is on the amount to put on your code.

Kathy showed you how to fill out the CMS forms.

We've got the additional thresholds, the minimum thresholds for the codes that you that you use most frequently.

And they did see a question in the chat.

If you don't want to calculate and fill out how much is on your 1500 form, you can leave that blank we just wanted you to be able to determine how much you are going to get paid, and so you know if you leave that section on your CMS form blank, that's fine because the system is going to calculate the amount.

Black, Marcelia 1:26:16

Are we missing any questions or any hands raised?

Vasquez, Elizabeth A 1:26:21

There is a hand raised mat.

Black, Marcelia 1:26:43

I don't see any questions that we haven't answered yet.

And I think is that Doctor House still with your hand?

Raised.

Did you have another question or just need to put your hand down?

Black, Marcelia 1:27:01

Well, thank you for bearing with us and staying a little quite a bit over 30 minutes over for our training today.

We appreciate your your time and your attendance.

If you have questions about how to fill out your CMS form, email the managed care inbox.

If you have general Calim CPT coding questions, continue to send those to the DBH compliance inbox, as we have all along.

So if you if you need help with the CM if with the CMS specifically our managed care team will reach out to you in terms of all the questions, we will make sure that we capture, validate, get, get answers to questions and we will send out this document that'll contain the answers to everybody's questions.

So any last comments questions before we close for today?

Victoria, go ahead.

Victoria Montufar (Guest) 1:28:10

Ah yes, a quick question.

Good morning.

UM, I had to reach out to Justin this morning because I did not receive that email and he explained that it was a different type of coming from different person.

So I just wanna make sure that I he says he was gonna email or add me into the list because I didn't.

Receive that info for this meeting today.

Black, Marcelia 1:28:36

Oh, you didn't receive the meeting invitation?

Victoria Montufar (Guest) 1:28:39

No, and I was like, what's they're gonna be online training.

But anyhow it that's my comment that it was.

Black, Marcelia 1:28:45

Ah, thank you for letting us know.

Victoria Montufar (Guest) 1:28:47

I don't know if it's a different.

Black, Marcelia 1:28:49

Thank you for letting us know.

No, we intend to have our office hours every other week.

So we wanna make sure everybody's included and I'm so sorry that you, I I don't know how we missed you on the on the meeting invitation but we will make sure that you have been added to the meetings going forward.

 c-Zoua Xiong left the meeting

Victoria Montufar (Guest) 1:29:07

Thank you.

Black, Marcelia 1:29:10

Umm and Tony, I see your hand up.

Tony Quintanilla 1:29:14

Yeah.

So they're in the upcoming changes with the audits.

Black, Marcelia 1:29:19

Can you speak up just a little bit?

We have having a little trouble hearing you.

Tony Quintanilla 1:29:24

Yes, any upcoming changes with the audits?

Black, Marcelia 1:29:28

And the audit tools have been sent to have been sent to you.

We can send them out again with this communication, but with the all of the documentation changes and the assistance from Cal Mesa, we did, we do have new audit tools, Kathy.

I saw you come off.

Come off mute.

Rexroat, Katherine 1:29:44

Yeah, sure.

Black, Marcelia 1:29:44

So if you want to address that.

Rexroat, Katherine 1:29:47

There, Tony, to answer your question.

Umm, if you are scheduled for a compliance medical records review.

In the coming months, July, August, September, those reviews are actually for the 2223 fiscal year.

So we are looking at services provided prior to July 1st, 2023.

So those audits will focus on past claims as far as the new KELLIM documentation standards, we will be issuing later this summer or early fall.

👤︎ **M. Begley (Guest)** left the meeting

Rexroat, Katherine 1:30:37

Of our audit guidelines that will apply to the CALAME documentation standards.

So, you know, in other words, we are not going to perform any audits in July and August expecting you to meet these new standards.

We are.

We are looking only at past claims when when you were gonna get an audit at this time.

And one final note I did because I I got a couple of messages asking for it.

I did put in the chat.

You'll see SMHS billing manual V1-4.

That is the link to the DHCS billing manual.

And we will also put that in our minutes and and it's also in the PowerPoint.

But I went ahead and put it in the chat.

Tony Quintanilla 1:31:40

Thank you.

Black, Marcelia 1:31:40

Did that answer?

Did that answer your question?

Tony Quintanilla 1:31:43

Yes, thank you.

Black, Marcelia 1:31:45

OK.

And then uh, Victoria, can you just for for ease can you put your email in the chat so anybody's email that's in the chat Jennifer will make sure that you are added to the ongoing office hours.

Because I saw Sarah also needed to be added to the list.

So we don't wanna miss anybody.

So if you're if, if you know of colleagues that are missing and they missed this meeting, let them know that it's recorded and we will be extracting and posting it on our website and we will continue to have office hours and continue to convey

information.

And there's, you know, lots of things, you know, things that Doctor House brought up, the collateral that we're all still working on in house to wrap our minds around and figure out how this is supposed to work now.

So thank you so much for your questions.

That helps us understand what we need to dig into and get answers to, so it's it's good to have answers when we have them, and it's good to have questions when we don't have answers.

So we know what we need.

We need to know again.

Thank you so much for your time today and we will see you in a couple of weeks by everybody.

  Mor Popper left the meeting

LL **Luna, Laura (DBH)** 1:33:05
Thank you.
Bye bye.

  Rohina Fazil left the meeting

  Fenne, Brian left the meeting

  Blanca Godinez (Guest) left the meeting

  Rangel, Joseph left the meeting

LA **Liles, Arlene** 1:33:09
Thank you.

  Beck, Jennifer left the meeting

  Boyd, Karla left the meeting

  Dr Kimberly Jones (Guest) left the meeting

👤ₓ **Barreneche, Elizabeth** left the meeting

👤ₓ **Luna, Laura (DBH)** left the meeting

👤ₓ **Cori Rains** left the meeting

👤ₓ **Nelson, Sandra** left the meeting

👤ₓ **FYCH- Tehzin Alarakhia (HOS/MHRS) (Guest)** left the meeting

👤ₓ **Tony Quintanilla** left the meeting

👤ₓ **Jimenez, Justin** left the meeting

👤ₓ **Victoria Cole** left the meeting

👤ₓ **Rivera, Rosalva** left the meeting

👤ₓ **Liles, Arlene** left the meeting

👤ₓ **Valerie Curley** left the meeting

👤ₓ **Escobedo, Francisco** left the meeting

👤ₓ **Johnson, Mary** left the meeting

👤ₓ **Rexroat, Katherine** left the meeting

👤ₓ **Curtis Donovan** left the meeting

👤ₓ **Thao, Jua (Julie)** left the meeting

👤ₓ **Rogers, Jon** left the meeting

Black, Marcelia left the meeting

 Patterson, Sean left the meeting

 Sarah Thomas, LMFT left the meeting

 Vasquez, Elizabeth A left the meeting

 Victoria Montufar (Guest) left the meeting

 mikeT left the meeting

 King, Denise left the meeting

 Wongsing, Gregory left the meeting

 Laura Romero left the meeting

 Moreno, Alma left the meeting

 Melissa (Guest) left the meeting

 Serena L (Guest) left the meeting

 Ron Steele left the meeting

 Black, Marcelia joined the meeting

 vanessa-housepsychiatricclinic (Guest) left the meeting

 Black, Marcelia stopped transcription