



## **Network Provider Training**

December 4, 2012 December 6, 2012



# Network Director



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# Alliance House

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# System for Award Management (SAM)

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- **What is SAM and how do I access?**

- The System for Award Management (SAM) is combining federal procurement systems and the Catalog of Federal Domestic Assistance into one new system. This consolidation is being done in phases. The first phase of SAM includes the functionality from the following systems:

- Central Contractor Registry (CCR)
- Federal Agency Registration (Fedreg)
- Online Representations and Certifications Application
- Excluded Parties List System (EPLS)

- **<https://www.sam.gov/portal/public/SAM/>**

# SAM Cont'd

System for Award Management - Windows Internet Explorer

https://www.sam.gov/portal/public/SAM/?portal:componentId=8c7f8700-963b-4b88-b8c2-2d96208893d6&portal:type=action&navigationState=JEPNS\_r00ABXdcACJqYXZheC5mYWNIc

File Edit View Favorites Tools Help

System for Award Management

**SAM**  
SYSTEM FOR AWARD MANAGEMENT

USER NAME  PASSWORD  **LOG IN**

[Forgot Username?](#) [Forgot Password?](#)

[Create an Account](#)

HOME SEARCH RECORDS DATA ACCESS GENERAL INFO HELP

**CREATE USER ACCOUNT**

Your CCR username will not work in SAM. You will need a new SAM User Account to register or update your entity records. You will also need to create a SAM User Account if you are a government official and need to create Exclusions or search for FOUO information.

[Create User Account](#)

**REGISTER/UPDATE ENTITY**

You can register your Entity (business, individual, or government agency) to do business with the Federal Government. If you are interested in registering or updating your Entity, you must first create a user account.

[Register/Update Entity](#)

**SEARCH RECORDS**

All entity records from CCR/FedReg and ORCA and exclusion records from EPLS, active or expired, were moved to SAM. You can search these records and new ones created in SAM. If you are a government user logged in with your SAM user account, you will automatically have access to FOUO information.

[Search Records](#)

[Need Help?](#)

**WHAT IS SAM?**

The **System for Award Management (SAM)** is a **Federal Government owned and operated** free web site that consolidates the capabilities in CCR/FedReg, ORCA, and EPLS. Future phases of SAM will add the capabilities of other systems used in Federal procurement and awards processes.

**NEWS AND ANNOUNCEMENTS**

We have been experiencing an intermittent issue with the search functionality. If you receive an error, please try your search again. Our team is working to resolve the search issue and we thank you for your patience in the interim.

**USER GUIDES/HELPFUL HINTS**

Additional information, such as a full User Guide, Quick Start Guides, Helpful Hints, and Webinars are available on the HELP tab.

**Service Desk**  
URL: <http://www.FSD.gov>

**FORMER CCR REGISTRANTS**

If you had an active record in CCR, you have an active record in SAM. You do not need to do anything in SAM at this time, unless a change in your business circumstances requires updates to your Entity record(s) in order for you to be paid or to receive an award or you need to renew your Entity(s) prior to its expiration. SAM will send notifications to the registered user via email 60, 30, and 15 days prior to expiration of the Entity. To update or renew your Entity records(s) in SAM you will need to create a SAM User Account and link to your existing Entity records. You do not need to...

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## How will this affect me?

- You must now use SAM instead of EPLS as a part of your monthly Program Integrity searches.
- In order to allow everyone time to become familiar with SAM, searches from this database will be required starting in January, 2013

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# Provider Connect Best Practices



# NOTE:

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The CPT Code training today contains the most up to date information available. Our sources for this training include, the National Council, the CPT Code Manual, Utah State Medicaid, Salt Lake County, and Optum. Any new information will be sent to you via email blasts, Provider Connect, and will be available on our web-site. We may schedule additional training/updates in January if needed.

# CPT Codes changes, a high level overview:

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- **Revisions to CPT Codes**

- > Every year there are new or revised codes within CPT
- > Periodically existing codes are reviewed by CPT
  - Compelling evidence must exist for changes to be considered
- > The last major change to the Psychiatry family of Codes was 1998
- > 2013 brings major changes to the entire family of psychiatry codes

- **Reason for changes**

- > Inadequate code structure to account for
  - Varying levels of psychotherapy and medical management
  - Work differential performed by physicians and other qualified health care professionals
- > Interactive psychotherapy narrowly defined and inadequate to describe the work

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**Will the implementation be delayed?**

**NO!**

HIPAA requires that CPT codes be implemented

# Why is Proper Coding and Documentation Important?

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## 1. Ensuring Management of Patient Care

- > Provides chronological history of patient's treatment and plan for care
- > Quality Assurance/Utilization Review
- > Peer Review/Case Conferences
- > Collection of Data for Research and Education

## 2. Impacts Upon Financial Performance

- > Ensures timely and appropriate payment of claims
- > Reduces denied claims
- > Undercoding can leave dollars on the table
- > Miscoding can result in financial penalties
- > Protects the organization in malpractice suits

# Why is Proper Coding and Documentation Important?

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## 3. Compliance with the Law

- > It's the law!
- > Significant penalties for false claims and failure to return overpayments
- > Laissez faire attitudes about improper coding may send message to employees that compliance is not important

**> BECAUSE YOU OWE IT TO YOUR CLIENTS!**

# Major Changes – Initial Psychiatric Diagnostic Procedures

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- Two new codes distinguish between
  - an initial evaluation provided by a nonphysician **(90791)** and
  - an initial evaluation with medical services provided by a physician **(90792)**.

*These codes will replace 90801 AND G0409*

# What is the difference between 90791 and 90792?

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- Initial Evaluation 90791 includes the following:
  - Assessment including history, mental status and recommendations
  - May include communication with family, others, and review and ordering of diagnostic studies
- Initial Evaluation 90792 with medical services and provided by a physician includes those services in (90791) AND:
  - > Medical assessment beyond mental status as appropriate
  - > May include communication with family, others, *prescription medications*, and review and ordering of *laboratory* or other diagnostic studies

# Major Changes – Psychiatric Diagnostic Procedures

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- > Psychiatric Diagnostic Codes can be reported once per day.
- > Cannot be reported with an E/M code on same day by same provider.
- > Cannot be reported with psychotherapy service code on same day.



# Psychotherapy Overview

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- Psychotherapy codes are no longer site specific
  - > Psychotherapy time includes face-to-face time spent with the patient and/or family member
  - > Time is chosen according to the CPT time rule
  - > Interactive psychotherapy is reported using the appropriate psychotherapy code along with the interactive complexity add-on code.

# Psychotherapy Codes

## Major Changes – Psychotherapy Procedures

Simplified and expanded to include both time with patient and/or family member.

- > Three codes using time for psychotherapy in all settings:
  1. 90832 – 30 minutes
  2. 90834 – 45 minutes
  3. 90837 – 60 minutes

## Major Changes – Psychotherapy Procedures

All mental health professionals including psychologists, counselors, psychiatrists, nurses and social workers delivering psychotherapy services will use the same new codes for psychotherapy, though psychiatry will change how they bill for medical services.

## Psychotherapy Procedures: Time Rule Applies

- > When time with patient and/or family crosses half of the time for the code, that code can be used.
- > Psychotherapy of less than 16 minutes is not reported
- > Patient must be present for all or some of the service

## Which codes are being replaced?

- 90804
- 90806
- 90810
- 90808
- 90814

# Interactive Complexity

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- Add on code for interactive complexity which may be used when the patient encounter is made more complex by the need to involve people other than the patient (+90785).
- Can be used with initial evaluation codes (90791 and 90792)
- Can be used with the psychotherapy codes
- Can be used with the non-family group psychotherapy code (90853)
- Can be used with E/M codes when they're used in conjunction with psychotherapy services

# Interactive Complexity Code-Cont'd

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- Code can be reported when at least one of the following is present:
  - Need to manage maladaptive communication that complicates care delivery
  - Caregiver's emotions or behaviors interferes with ability to assist in treatment plan
  - Evidence or disclosure of sentinel event and mandated report to state agency with initiation of discussion of event and/or report
  - Use of play equipment, or other physical devices, interpreter, or translator for communication with patient who:
    - Is not fluent in same language as provider
    - Has not developed, or has lost, expressive or receptive communication skills necessary for treatment

# Psychotherapy for Crisis Services

- A new code has been added for psychotherapy for a patient in crisis, 90839.
- If the crisis encounter is less than 60 (rounding rules apply) minutes use 90832.
- When a crisis encounter goes beyond 60 minutes there is an add-on code for each additional 30 minutes (+90840).

## Psychotherapy For Crisis Services Defined

- > “An urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.”

## Psychotherapy for Crisis Services

- > Used to report total duration of face-to-face time with the patient and/or family providing psychotherapy for crisis.
- > Time does not have to be continuous
- > Provider must devote full attention to patient and cannot provide services to other patients during time period.

## Psychotherapy for Crisis Services-Cont'd

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- > Codes for crisis services **cannot** be reported in combination with:
  - 90791, 90792 (diagnostic services)
  - 90832-90838 (psychotherapy)
  - 90785 (interactive complexity)

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# BREAK



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# Evaluation and Management Codes

Frequently referred to as E&M Codes and written as E/M



# E/M Codes

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- E/M codes are a category of CPT codes
- E/M codes specifically begin with 99.
- E/M subsequent numbers depend on the type of E&M.
- A level 1 (last digit a 1) is the least complex
- A level 2 (last digit a 2) is greater complexity
- The highest code level will end in a 3 (an inpatient hospital admission), or a 5 (Outpatient or consultations).

# E/M Coding-Cont'd

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Each individual code listed has three components that qualify physicians to work for the specific code:

- 1) History
- 2) Examination
- 3) Medical Decision Making (MDM)

- How To Select

- ✓ Selecting code from proper category
- ✓ Selecting appropriate level of service
- ✓ Meets CPT definitions
- ✓ Meets CMS Documentation Guidelines
- ✓ Includes services medically necessary to evaluate/tx the patient
- ✓ *Medical necessity* of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code

# Major Changes – Psychotherapy and E/M Procedures

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**If patient receives medical E/M service and psychotherapy service on the same day by the same provider, report:**

- E/M code at the appropriate level AND
- Psychotherapy add-on code (90833, 90836, 90838)

- > The two services must be significant and separately identifiable
- > A separate diagnosis is not required

## **Reporting both E/M and psychotherapy codes**

- > Type and level of E/M is selected first based on the key components (history, exam, MDM)
- > Time may not be used as basis of E/M code selection
- > Psychotherapy service code based on time providing psychotherapy
- > Time providing E/M activities is not considered in selection of time based psychotherapy code

## E/M and Time – Path 2

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- Time may be the factor used for the selection of the Level of the E/M Service when **counseling** or coordination of care dominates the encounter more than 50 percent EXCEPT when done in conjunction with a psychotherapy visit.
- **Counseling and E/M**
  - > When Discussing with the Patient or Family any of the following:
    - Prognosis
    - Test Results
    - Instructions
    - Risk Reduction
    - Education
    - Compliance/Adherence

# Resources

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- > AMA Code Book [www.amabookstore.com](http://www.amabookstore.com) or 1-800-621-8335
- > National Council webpage dedicated to the CPT changes with resources such as:
  - The National Council for Community Behavioral Healthcare Crosswalk: 2012-2013 CPT Code Sets
- > *Compliance Watch*, new CPT series
- > Optum web-site: [www.providerexpress.com](http://www.providerexpress.com)
- > OptumHealth SLCo web-site: <http://www.optumhealthslco.com/>
- > In January, 2013: The Utah Medicaid Manual

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Thank You