

## Internal Medicine Coding Alert

### CPT® Coding: Use These Health and Behavior Codes to Address Patient, Caregiver Concerns

#### Recent CPT® revisions aid cognition, collaborative care documentation.

The 2017 revisions to CPT® and HCPCS added new codes related to health and behavior assessment, psychiatric collaborative care, and cognitive assessment.

According to **Marcella Bucknam, CPC, CCS-P, COC, CCS, CPC-P, CPC-I, CCC, COBGC**, manager of clinical compliance with PeaceHealth in Vancouver, Washington, CPT® and CMS introduced these codes for two reasons:

"First, the patient is more likely to get [behavioral assessment] if they don't need to go to a separate appointment," Bucknam says. "Also, many patients remain undiagnosed and untreated unless they receive care as part of their primary care. It is a safer and easier way to get these services to the patient."

Read on for great pro advice on health risk assessment coding.

#### Ask if Health Risk Assessment is Patient, Caregiver Focused

Two new codes aim to "identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems" according to CPT®. 96160 (Administration of patient-focused health risk assessment instrument [eg, health hazard appraisal] with scoring and documentation, per standardized instrument) is aimed directly at the patient's own health and well-being.

The service is primarily for "older individuals who may have risks that haven't been diagnosed as well as pediatric patients who may be at risk," explains Bucknam. She goes on to point out that the service is "much more rare for healthy adults."

Code 96161 (Administration of caregiver-focused health risk assessment instrument [eg, depression inventory] for the benefit of the patient, with scoring and documentation, per standardized instrument), on the other hand, focuses on the way a caregiver's well-being impacts the patient's health.

**Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians, notes that the code "was created at the behest of the American Academy of Pediatrics [AAP]. Many times, pediatricians and FPs will administer a health risk assessment to a patient caregiver — for example, a parent, guardian, etc. — for the benefit of the patient."

"This code is used when a caregiver for the patient [not the patient him/herself] may have a condition that is affecting the patient," explains Bucknam. "For example, for a newborn patient, this might be done on the mother to see if there is any problem — for example, postpartum depression — that could affect the care of the patient."

Other examples of the code being used would be when "an intellectually disabled patient is accompanied by his parent/caregiver during a preventive medicine visit, [and] the parent/caregiver admits the patient is increasingly more difficult to manage and things are falling apart at home," according to Moore.

"We might also see this assessment performed on a caregiver of a patient with a chronic illness (for example, Alzheimer's, cancer)," says Bucknam, "to assess anxiety, depression, stress, etc. that might affect the quality of care the patient is receiving."

**Pro coding tip:** Bucknam points out that payers bundle both 96160 and 96161 with 96127 (Brief emotional/behavioral assessment ... with scoring and documentation, per standardized instrument) or 96110 (Developmental screening [eg, developmental milestone survey, speech and language delay screen], with scoring and documentation, per standardized instrument) under Correct Coding Initiative (CCI) edits. In the case of 96110, it is a Column 2 code to Column 1 codes 96160 and 96161; in the case of 96127, it is the Column 2 code, and codes 96160 and 96161 are in Column 1. Each of the edits permit an appropriate modifier to override the edit when necessary.

### **Know G0507 for Health, Behavior Integration Care Management**

In 2017 CMS also introduced G0507 (Care management services for behavioral health conditions, at least 20 minutes of clinical staff time ...) for behavioral health integration (BHI) □ the integration of primary care with behavioral health care. Intended for patients with disorders such as substance abuse that do not require psychiatric help, the CPT® code descriptors include patient assessment/follow-up monitoring, behavioral health care planning, treatment coordination and constant contact with a care team member.

### **... But Record Collaborative Care with This Code**

CMS also introduced several new professional service codes that use the Psychiatric Collaborative Care Model (CoCM) rather than BHI to manage patients with mental or behavioral health issues.

Key elements of G0502 (Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional ...), like G0503 (Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral of behavioral health care manager activities ...) and G0504 (Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month ...) are:

- Collaboration among the treating physician/qualified health care professional, a behavioral health care manager, and a psychiatric consultant;
- Administration of validated rating scales;
- Development of an individualized treatment plan and review of the plan, with modifications, if necessary, by the psychiatric consultant (G0502);
- Entering patient into a registry and tracking patient follow-up and progress in that registry;
- Weekly caseload consultation with the psychiatric consultant;
- Changes in treatment and medication, as indicated (G0503);
- Provision of brief interventions using evidence-based techniques and other focused treatment strategies; and
- Relapse prevention planning and preparation for discharge from active treatment (G0503).

### **Use G0505 to Code for Impaired Cognition**

Finally, another newly introduced code, G0505 (Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, in office or other outpatient setting or home or domiciliary or rest home), focuses mainly on the care of patients with cognitive dementia, such as Alzheimer's disease. Like G0502-G0504, G0505 requires using standardized instruments to assess the patient and developing a care plan. However, Bucknam notes that G0505 must be performed by a physician or healthcare professional and that it involves medical decision making of a moderate or high complexity.