

Medicare Documentation Training

Santa Barbara County ADMHS
2011-12

Limitations

- Service must be **in the office**.
- Must be **face-to-face** with the client.
- Must be part of the **service plan**.
- Service plan must be authorized by a **physician** – *automatic in Gateway*.

Documentation Requirements

Every outpatient note must include:

- Symptoms or complaints
- Progress to date in objective, observable terms
- Functional status
- Assessment, clinical impression, or diagnosis
- Plan for future care
- Prognosis

Assessment

For Medicare beneficiaries –

May only be billed **once** unless there is a:

- **new episode** of mental illness after a hiatus
- **or**
- **psychiatric hospitalization**

Assessment

Documentation **in the note** must include:

- **history**
- **complete mental status exam**
- **diagnosis**

PSYCHOTHERAPY

- Gateway automatically converts from Medi-Cal Therapy codes to Medicare HCPCS codes based on the amount of time.
- So... document therapy as you would for Medi-Cal **but remember the required Medicare elements!**

**FOR
PSYCHIATRISTS
ONLY!**

**Gateway and Medicare:
Psychiatric Outpatient Services**

- “MD Visit – Complex” = HCPCS 90862
- “MD Visit – Brief” = HCPCS M0064

**MD Visit – Complex
HCPCS 90862**

- Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.
- In-depth management of potent psychiatric medications with the potential for serious side effects.
- Not a brief evaluation of the patient’s status or adjusting the dosage of long term meds.

**Med Visit – Brief
HCPCS M0064**

- Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental, psychoneurotic and personality disorders.