



**THERAPY/COUNSELING CODES FOR NON-MD PROVIDERS**  
**REVISED ENCOUNTER DOCUMENT (FAQ) REFLECTING CODING CHANGES**

**(Revised- 1-7-2014)**

***The ED-PN is in a PDF form that works best in Adobe Reader 10 or higher. If you have an older Adobe Reader version, please contact IT to arrange for an upgrade.***

**1. Can I change the font on the note portion of the new ED?**

Yes, you can. If 9 is too small for your preference, then just go into the progress note section and right click. Select **Hyperlink**, then select **font**. Once you are in the font box you can modify the font, the style, etc.

**2. I have a lot of note “templates” that I use. Can I put them onto the note portion of the ED?**

Yes, but some formatting changes may occur. For example if you have checkboxes in the Word document, they won't transfer to the ED. You would have to reformat the check boxes on the ED to be, for example, a space where you would put an “x” in front of your choice instead of a checkbox.

**3. Where do I note the new “add on” codes?**

These codes are listed in the “modifier” box. You can select them from the drop downs.

**4. When would I use the Crisis Psychotherapy (CPT 90839) versus Crisis Code?**

The new Crisis Psychotherapy CPT code consists of an urgent assessment and history of a crisis state, a mental status exam, and a disposition (if you use this new CPT code the disposition cannot be hospitalization). The treatment includes: Psychotherapy to defuse the crisis situation and restore safety and the 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. The total duration of the time is spent face-to-face with the patient and/or the family (Patient must be present for at least part or all of the services). ***(See January 2013 QRTips for coding times)***

**5. For Crisis Psychotherapy what do I do if I need to document the time add on code twice?**

Select it from the “modifier” drop down box once and then type in a “2” next to it.

**6. Will therapists selecting a rehab CPT code be at risk of recoupment if Rehab is not on the CSP?**

This would not be a reason for recoupment if the code was selected for the reason that it was a psychotherapy session under 16 minutes. There is no CPT code for psychotherapy under 16 minutes. So if the clinician is truly doing psychotherapy under 16 minutes, then they need to select the rehab code (90899-17). If they are doing something other than psychotherapy e.g. Case Management or Assessment, then they need to select those CPT codes and not the psychotherapy CPT codes.

**7. Will therapists using a rehab CPT code for the reason mentioned above be at risk of recoupment if there is “No rehab order” in the chart?**

No, There is no need to have a 'rehab order' when selecting a rehab CPT code for a psychotherapy session under 16 minutes.



**8. I provide rehab services, what codes should I be using on the ED?**

“Rehabilitation Services” are an adjunct to psychotherapy and are designed to target specific problematic behaviors, not feelings or emotional states. Rehabilitation Services must restore, maintain, and/or teach the client or the/caregiver new skills that will help reduce the problematic behaviors and impairments. The codes that rehab workers would typically use are: **Individual Rehab Services** CPT 90899-17 (H2015); **Family Rehab Services** CPT 90899-157(H2015); **Group Educational** CPT 99078 (H2015)

**9. Do I need to check the language box on the ED if I provide the session in another language besides English?**

If you are bilingual and provide treatment in the consumer’s and/or parents language, you do need to indicate this on your treatment note and check the box on your progress note. This applies **to any situation when translation is required** during a session and it needs to be indicated in every single note. Additionally, the progress note should clearly state that the session was conducted in a language other than English and also the methods used to conduct that session. For example did the therapist provide the interpretation services or was an interpreter used.

**10. When do I use the Interactive CPT code?**

Interactive “add-on” for psychotherapy services CPT +90785 is used when you provide an interpreter or play therapy to facilitate your interaction with the clients. This is viewed as having additional complexity, and therefore many 3rd party payors actually pay extra. You use the “interactive complexity” modifier when you select one of the 3 psychotherapy codes and/or group psychotherapy (but not family group).

**11. When do I use Intensive Care Coordination (ICC) and/or Intensive Home-Based Services (IHBS) codes?**

**All clients who meet the Katie A. Subclass criteria are required to receive ICC and IHBS services.**

ICC Services are basically the same as Targeted Case Management services. ICC billing codes are only used for those clients who meet the Katie A. Subclass criteria. All members of the Subclass **must** receive ICC. IHBS Services are basically the same as Rehab services. The IHBS codes should only be used for those identified as Katie A. Subclass members and who meet medical necessity for specialty mental health services.

For further information regarding the qualification and requirements for Katie A.:

[http://ochealthinfo.com/bhs/about/cvs/qrt/katie\\_a](http://ochealthinfo.com/bhs/about/cvs/qrt/katie_a)

**12. Sometimes when I am typing my progress note on the ED, it seems to run very slowly. What can I do about that?**

If you have one of the oldest of our computers with minimal memory, this can happen. There are a couple of things you can do. First, when doing your notes, close Outlook. Outlook takes a lot of memory and can also slow down the computer if both are open. Second, you can type your progress note in Word then cut and paste it into the ED.

**13. Does Adobe Reader have spell check?**

Yes. When you are finished typing the progress note into the blank form field, right click on any sentence in the document and the “Check Spelling” utility box will appear. Click on START to spell check the document. The spell-checker will prompt you to correct any misspelling within the text of the progress note. Choose the correct spelling from the list under “Suggestions” for each error, and click on that selection highlighting the correct spelling. Click the CHANGE button in the utility box and the misspelled word will be replaced with the correctly spelled word you chose. Click DONE. (See attached illustration)

A cautionary note: The spell check in Adobe Reader is not as full featured as Microsoft Word since it is not designed to be word processor. Unlike MS Word, Grammar check and a thesaurus won’t be a feature found in Adobe Reader. Lengthy P/N should be composed in MS Word and spell check in that program. They



can then be copied and pasted into the Adobe document. The Adobe Reader spell check does allow the user to build supplemental dictionaries.

**14. The fields are too small for my progress note. Can you make them bigger?**

The fields automatically expand depending on how much text is written. Just click anywhere outside the box and the field will enlarge. The 2<sup>nd</sup> page will automatically auto-populate with information from the first page. Pagination is automatic in this form. You don't have to type in page 1, page 2 etc. The client's identification will also auto-populate to subsequent fields.

**15. There are several places for my name on the document. Do I have to fill out each field?**

Just type your name in any field and it will auto-populate to all the clinician name fields.

If you update information in any field on the second page, the first page will automatically update. You no longer have to change auto-populating items on the first page. This is a big improvement over MS Word.

**16. Can I save templates for each client?**

The short answer is "yes". All information, including the ED data portion, will be saved in this document. However, there is a **very real danger** of submitting false claims on subsequent progress notes. For example, if you fail to change service minutes, dates, or documentation minutes, and other information, such as location, then claims could **look like duplicates** when they are submitted to the state. The best practice would be to keep a running log of your progress notes in MS Word. Perhaps name each MS Word document by your client's name, initials etc. Complete your progress note and spell-check your document in MS Word. When you believe you are finished, copy and paste the progress note into the PDF form, then complete the ED portion. In this way you can insure that your claims are accurate. This process isn't as time consuming as you might think.

**17. Use of Electronic ED/Progress Note as a Manual ED/Progress Note version:**

**BENEFIT:** By using the Electronic ED/Progress Note for your hand-written notes, you have the ability to utilize the prompts and drop-down menus built into the Electronic version (e.g., Options for Diagnoses, CPT codes, Modifiers, Evidence-base Practices, etc.).

**\*Note\*** - There is an alternative "Manual Version" but it will be entirely BLANK in which the clinician will need to complete all the information from scratch each time.

Clinicians who need to or who prefer to hand-write their progress notes will sometimes need multiple pages to do so. Use the Electronic version and tab down to the progress note section, clicking in the form field where you would normally type your note. Hit the ENTER/RETURN key on your keyboard up to 30x to maximize space on Page 1 (click outside the box to expand the page), approximately another 45x per each subsequent page you wish to use (click outside the box to expand each of the pages). Then SAVE and/or PRINT your ED/Progress Note with the expanded space.

**The Clinician Coding guide has been developed to assist Non-MD Providers whenever using the Manual ED/PN. To obtain the guide go to the [Clinician Coding Guide](#).**

**18. Can I password protect these new ED-PNs?**

No, however you could save these in a secured network drive.



## 19. Can I double-side print with these new ED-PNs?

Yes you can.

**\*\*Remember, irrespective of what system you devise you are responsible for the claims you submit.**

See below for instructions on spell check and using printers.

### USING SPELL CHECK IN ADOBE ACROBAT

See below:

Right click the mouse to access spell check,  
Select hyperlinks to modify font size.

Font: Myriad Pro  
Size: 9  
Baseline Shift: 0 points  
Underline: No Underline  
Style:  Bold  Italic  Strike-through  
Color: [Black]



## PRINTING DOUBLE SIDED DOCUMENTS FROM DUPLEX PRINTERS

The screenshot shows a software application window with a print dialog box open. The dialog box is titled "BAYSHORE on hcaprint01 Properties" and is a Xerox printer driver interface. It has several tabs: "Printing Options", "Image Options", "Document Options", and "Advanced". The "Printing Options" tab is active. In the "2-Sided Printing" section, the "2-Sided Print, Flip on Short Edge" option is selected and highlighted with a red oval. A red arrow points from a yellow callout box on the right to this option. Other settings visible include "Job Type" (Secure Print...), "Paper" (Letter (8.5 x 11\"), "Finishing" (No Stapling, No Hole Punching), "Print Quality" (Standard), and "Output Destination" (Automatically Select). The background shows a form with various fields like "Encounter Type", "Home locations", "Site Locations", "Host Clinic Locations", "Date ED entered", "OT Initials", "Date ED Corrected", and "OT Initials".

To print on both sides of paper using a duplex printer select the appropriate settings on the printer properties box.

Note: Settings may vary depending on printer model.