

BCA Recipe Card - Must meet TWO of THREE categories:

Final E/M Code	Problems: Number/Complexity	Data: Amount/Complexity	Risk of Complication
Straightforward 99202 (15-29 mins) 99212 (10-19 mins)	1 self-limited or minor problem	None	None Rest, Employ Coping Skills
Low 99203 (30-44 mins) 99213 (20-29 mins)	•2+ Self-limited or minor illness •1 Stable chronic •1 Acute uncomplicated illness	Limited: 1 of 2 data categories required •2 Unique tests or documents OR •1 Independent historian assessment	Low OTC Meds Psychotherapy
Moderate 99204 (45-59 mins) 99214 (30-39 mins)	•1+ Progressing chronic, exacerbation or treatment SE •2+ Stable chronic •1 Undiagnosed new problem •1 Acute illness w/systemic symptoms	Moderate: 1 of 3 data categories required •3 Unique tests,external notes from unique source or ind historian assessment •Test interp not separately reported by clinician •Mgmt discussion or test interp w/external clinician/appropriate source	Moderate •Rx drug mgmt •SDoH significantly limiting dx or mgmt
High 99205 (60-74 mins) 99215 (40-54 mins)	•1+ Chronic illness w/severe exacerbation or treatment SE •1 Acute or chronic illness posing a threat to life/ bodily function	Extensive: 2 of 3 data categories required •3 Unique tests,external notes from unique source or ind historian assessment •Test interp not separately reported by clinician •Mgmt discussion or test interp w/external clinician/appropriate source	High •Intensive monitoring for drug therapy for toxicity •Decision regarding hospitalization •DNR or de-escalation of care d/t poor prognosis

TESTS

- Review of prior external notes from each unique source
- Review of each unique test results
- Ordering of each unique test
- Assessment req independent historian (mod/high)

Psychiatric Services with Medical Consideration <i>Use when provided by MDs, DOs, NPs & PAs</i>	PDE with medical consideration	Allowable Activities for Time-Based Coding
C Psychiatric Diagnostic Evaluation (PDE with <i>medical consideration</i>)	90792	Must be on date of service, may be face-to-face or other Review of lab/test result, consult note, discharge summary Obtaining history, reviewing separately obtained history Time spent on medically necessary exam and/or evaluation Education or counseling of patient/family/caregiver Order labs, xrays, other diagnostic tests or procedures, meds
PDE Documentation Tips: Document who referred and why; CC, HPI, history, [psych, social & family hx] and, appropriate medical hx. Include also, strengths, coping skills, resources, support systems. Include also MSE, formulation; Include all Dx that require or affect care. Include treatment plan. Include goals with timeframes, your expectations and patient		Referral/Communication with other health care professionals Clinical information documentation in the EMR/health record Independent Results Interp: results/communication to patient/family/caregiver Coordination of care not separately reported
D Psychotherapy w/medical management (choose for time > 16 mi.)	<i>Document therapy time</i>	Referral/Communication with other health care professionals Clinical information documentation in the EMR/health record Independent Results Interp: results/communication to patient/family/caregiver Coordination of care not separately reported Reminder: Don't count time by ancillary staff, resident or student, time on another DOS or procedure time
These psychotherapy codes must be coded with a qualifying E/M code. Documentation: Reason for visit and changes since last visit: Identify psychotherapy modalities/techniques used today; note MSE/observations. Assessment include dx for med. mgt., all diagnoses evaluated, treated, and that affect your care today; Include today's status of problem(s). Include also progress toward goals, changes in treatment plan, and follow-up.	+ 90833 16-37 minutes	
	+ 90836 38-52 minutes	
	+ 90838	
	53 or > minutes	Note: Time spent performing separately reported services, e.g., procedures, EKGs, chronic care management activities, etc. cannot be counted towards total visit time.
E Interactive complexity (add with appropriate documentation)	+ 90785	F. Psychotherapy for crisis 90839 (if 31-60 min) + 90840 addl 31 min
<i>May use with codes above for increased work intensity today, if documentation supports:</i> 1 Manage maladaptive behavior which complicates delivery of care today - or 2 Caregiver emotions/behavior interfere w/implementation of treatment plan - or 3 Need to initiate sentinel event discussion...mandated report to 3rd party - or 4 Use of play equipment, devices, interpreter to overcome barriers to interaction		Typically life threatening Requires urgent assessment, pt in crisis, must work to restore safety, must devote full attention to patient, cannot provide any other services during counted time frame. Document presentation, need for urgent eval, MSE and other components. Include your time mobilizing resources to diffuse crisis. Report only once per day, even if time is not continuous (cumulative total of all time on DOS).