



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH

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OFFICIAL MEMORANDUM

TO: Providers of Medication Services

FROM: Natalie Fornelli, Compliance and Systems Management Coordinator 

DATE: October 17, 2013

SUBJECT: Guidance on the Appropriate Use of Evaluation/Management Codes

The Division of Behavioral Health recognizes that the transition in physician billing codes from the unit based Medication Services code to the Evaluation/Management (E/M) Current Procedural Terminology (CPT) codes has been challenging for all parties. In the last couple of months, we have been evaluating billing patterns for providers across the state and would like to offer the following recommendations when billing E/M services:

- **REMINDER:** Clock time is not considered a key component in choosing the correct code to bill, unless over 50% of the E/M service time is spent on counseling and/or care coordination. Therefore, documentation of start and stop times is not required unless the 50% counseling/care coordination criterion is met.
- Map or compare your agency's claim patterns to national benchmarks.
- Be sure to choose the correct code set: new patient (99201-99205) vs. established patient (99212-99215).
- Use a progress note template that clearly shows the key E/M components.
- Ensure you have clear justification of E/M code claims according to the CPT definitions.
- Be able to objectively explain to an auditor why a particular procedure code was billed.

Example progress note templates can be found on the APA website at <http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/e-and-m-documentation-templates>.

Thank you for your attention to this memorandum. Any questions related to these policy directives should be submitted to [Natalie.Fornelli@dmh.mo.gov](mailto:Natalie.Fornelli@dmh.mo.gov).

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