**Billing Guide for Medication Services (E&M):**

The following information pertains to both **New Patient Med Service** and **Established Patient Med Service** codes only.

Medication Service codes for New Patient Med Svcs and Established Patient Med Svcs are for use only by the following credentials: MD/DO, PA, NP

**\*Note:** as of 7/1/23 Per DHCS, Meds E&M services may NOT be provided via Telephone. Med E&M services may continue to be provided via Telehealth (*two-way audio & visual communication*).

For coding and billing purposes, time for Med Svcs is the total time on the date of the encounter. This includes:

* both face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional on the day of the encounter
* time in activities that require the physician or other qualified health care professional (see activities list below list)
* it does **NOT** include time in activities normally performed by clinical staff

Physician/other qualified health care professional service time may include the following activities, *when performed as part of a direct service to client on same day/as part of the scheduled service*:

* preparing to see the patient (eg. Review of tests, records)
* obtaining and/or reviewing separately obtained history
* performing a medically appropriate examination and/or evaluation
* counseling and educating the patient/family/caregiver
* ordering medications, tests, or procedures,
* referring and communicating with other health care professionals (when not separately reported)
* independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver)
* care coordination (not separately reported)

The following activities may **NOT** be claimed for billing purposes:

* performance of other services that are reported separately via a separate specific CPT/service code
* travel time
* documentation time
* teaching that is general and not limited to discussion that is required for the management of a specific patient

**Documentation requirement of billable service time for E&M services:**

Service time claimed should be accurate for the total time claimed for both Face-to-Face and Non-Face-to-Face time as identified above.

Provider must include breakdown in narrative of the progress note which specifies and separates Face-to-Face and Non-Face-to-Face time.

 Example: if claiming 45min total service time, indicate in narrative: *“30 minutes spent providing direct client care, 15 minutes spent reviewing chart and external records”*

Providers are cautioned to ensure that they are accurately claiming service time for activities which reflects generally accepted clinical standards to reduce risk of potential fraud/waste/abuse concerns. If during chart review or other program integrity activity, there is identified trend of non-face-to-face service times that appear may be inflated, a suspicious activity investigation for possible fraud/waste/abuse may result.

**Definitions:**

**Medication Support Services** include one or more of the following: prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate symptoms of mental illness. This may include assessing the appropriateness of reducing medication usage when clinically indicated. E&M = Evaluation and Management and are used to capture psychiatry services. Maximum time that can be claimed for Medication (E&M) services in a 24-hr period is 4 hrs

**New Patient** = an individual who has **not** received any professional services from the physician/qualified healthcare professional; or another physician/qualified healthcare professional of the exact same specialty, and subspecialty who belongs to the same group practice, within the past three years.
this will separate "on the back end" when billing based on time increments: 15-29min, 30-44min, 45-59min, 60-74min. Each additional unit will claim when the service time reaches the mid-point of the billable unit(s).Providers should be aware of maximum time that can be billed. Replaces services codes 101-104

**Established Patient**= an individual who has received professional services from the physician/qualified healthcare professional or another physician/qualified healthcare professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.
this will separate "on the back end" when billing based on time increments: 10-19min, 20-29min, 30-39min, 40-54min. Providers should be aware of maximum time that can be billed.