

**Department of
Veterans Affairs**

Memorandum

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From: Edward P. Post, MD, PhD; Medical Director, Primary Care-Mental Health Integration

Subj: Primary Care-Mental Health Integration (PC-MHI) Stop Codes

To: a) Primary Care-Mental Health Integration Site Personnel; b) ADPACs

This memorandum provides updated guidance on the use of DSS Identifiers (stop codes) for Primary Care-Mental Health integrated care.

What are Stop Codes?

DSS Identifiers, or stop codes, are standardized codes used within VHA to identify the primary work group providing a service or product. For more information on stop codes, please see below.

Which stop codes apply to Primary Care-Mental Health Integration programs?

There are two DSS Identifiers intended for use by PC-MHI programs:

Stop Code	Position	Name	Description
534	Either	MH Integrated Care - Individual	Records individual outpatient visits for mental health integrated care by a mental health provider in Primary Care-Mental Health Integrated programs. Use in the credit position only when combined with a telephone code.
539	Primary	MH Integrated Care - Group	Records group outpatient visits for mental health integrated care by a mental health provider in Primary Care-Mental Health Integrated programs.

Two things are important to note about these stop codes:

1. In both cases, they must be used in the primary position. The exception to this general rule is when 534 is used in combination with a telephone code (e.g., 527/534; see examples below). Only in this case, the telephone code must come first.
2. Group visits must be coded using 539. Use of 534 in combination with a secondary group code (such as 550) is no longer necessary or appropriate, now that the 539 group visit stop code exists.

What kinds of services are indicated by use of these stop codes?

There are two primary types of services provided in Primary Care-Mental Health Integration programs. One type is Co-located Collaborative Care. This consists of both mental health and primary care practitioners being physically present in the primary care setting, with shared responsibility for evaluation, treatment planning, and monitoring outcomes for common mental health conditions. The other type is Care Management. Care managers provide complementary services including education, ongoing assessment, monitoring of adherence to treatment, and referral management. Both types of services enable responsibility for mental health treatment to remain in the primary care setting.

What are examples of acceptable coding practices?

Co-located Collaborative Care (CCC)

In-person (face-to-face), individual visit:

Recommended: 534/[provider code] (e.g., 534/510: individual visit with PC-MHI psychologist)

Acceptable: 534/[clinic code] (e.g., 534/420: individual visit with PC-MHI for pain management)

Acceptable: 534 (alone)

Although use of provider type codes or clinic codes is not required, it is recommended. In some contexts, they can be helpful for scheduling or costing purposes (provider codes) or documenting care integrated with other programs (clinic codes). Use of a secondary clinic code is **not** appropriate where the clinic stop code definition contains a restriction on its use to a specific specialty clinic or program. Note that since only two stop code positions are available, it is impossible to include both a secondary provider code and a secondary clinic code. If secondary coding is to be used, then, it is up to the individual site to decide what additional information it considers most important to capture.

In-person (face-to-face), group visit:

Recommended: 539/[group provider code] (e.g., 539/558: PC-MHI psychologist –led depression self-management group)

Acceptable: 539/[clinic code] (e.g., 539/420: pain management group led by PC-MHI)

Acceptable: 539 (alone)

Note that group codes specifying providers are not available for all disciplines. Again, use of a secondary clinic code is not appropriate where the clinic stop code definition places restrictions on its use to a specific specialty clinic or program.

Telemental Health visits:

Recommended for individual visits: 534/690 (originating patient station); 534/692 (provider station – same STA3); 534/693 (provider station – different STA3)

Recommended for group visits: 539/690 (originating patient station); 539/692 (provider station – same STA3); 539/693 (provider station – different STA3)

Telephone-based care, Individual:

Recommended: 527/534 (mental health telephone) (e.g., PC-MHI telephone follow up)

Care Management (CM)

In-person care management:

Recommended: 534/184 (Care /Case Manager) (e.g., initial assessment by depression care manager)

Acceptable: 534/[provider code] (e.g., 534/117: initial assessment by RN care manager)

Please note that the use of discipline-specific provider type codes does not make clear which encounters represent care management services (versus co-located collaborative services).

Telephone-based care management:

Recommended: 182/534 (Telephone Case Management) (e.g., follow-up monitoring by depression care manager conducted over the telephone)

Acceptable: 527/534 (mental health telephone) (e.g., follow-up assessment by PC-MHI personnel conducted over the telephone)

What are examples of coding practices that are NOT acceptable or recommended?

Not recommended:

Several existing coding practices are discouraged because they are either unnecessary or unhelpful. These include:

534/323 (primary care) – redundant and therefore unnecessary

534/local code – some sites that set up local codes for research studies involving integrated care are continuing to use them beyond the completion of these studies. The use of nationally standardized secondary codes, where appropriate, would be an acceptable alternative.

Non-compliant:

Several existing coding combinations do not comply with DSS guidance and Identifier definitions. These include:

- ☒ **534/531** – The 531 code (Mental Health Medical Primary Care) can **only** be used secondary to 323.
- ☒ **509/534, 502/534, or any other non-telephone combination with 534 secondary.** The 534 code can only be used in the primary position, except when used in combination with a telephone code.
- ☒ **534/550 or other group coding using 534.** While such combinations were used prior to the availability of a code for PC-MHI group visits, **all** such visits should now be coded using the group code, 539.

Some additional considerations:

- ◆ The only clear way to identify integration activities is by appropriate use of these stop codes. (For example, routinely documenting integrated mental health care by using an addendum to primary care notes will not accomplish workload credit.)
- ◆ The nature of integrated care will often lead to the creation of unscheduled encounters in CPRS. PC-MHI personnel can work with DSS Site Teams to ensure that this is appropriately addressed.
- ◆ When implementing the stop code, completely new clinics may need to be set up. Simply changing the codes for existing clinics is not recommended where this will result in the inappropriate recoding of past encounters.
- ◆ The PC-MHI program office is also developing guidance for CBOCs regarding appropriate coding for mental health personnel who split their time between integrated care and specialty mental health care services.
- ◆ PC-MHI program leads need to work together with their DSS Site Teams, and especially the relevant ADPAC, to review current stop code usage and make any appropriate changes.

More about Stop Codes

The formal name for a stop code is DSS Identifier. DSS Identifiers are 3 digit, standardized codes used to characterize VHA outpatient clinics. They identify the work group primarily responsible for providing a clinical service, and are used for purposes of workload credit, managerial accounting, and program evaluation. A single stop code may be used alone, or it may be combined with a second (which modifies it) to form a pair. In this case, the first stop code in the pair is said to be in the primary position and the second in the secondary or credit position. For more background information regarding DSS Identifiers, please see the VHA Decision Support Office's web page regarding DSS identifiers (http://vaww.dss.med.va.gov/programdocs/pd_oident.asp), and in particular the first two documents on that page, Stop Code Directive 2008-069 and DSS Identifiers – Instructional Guide.

Questions or clarifications regarding this guidance are welcome and should be addressed to Dr. Edward Post at Edward.Post@va.gov.



Edward P. Post, MD, PhD