

Update: How do I code for PSC-35, CANS or other outcome measures?

(Please refer to your specific provider role)

Clinicians (Applies to County and Contracted programs)

- **96127-4 (Brief Emotional/Behavioral Assessment)**
 - Can be used to capture time spent administering, reassessing, scoring, and documenting the measures
 - Minimum of 31 minutes, maximum of 67 minutes
- **90887-4 (Interpretation or explanation of psychiatric or other medical procedure to family or other responsible member)**
 - ⊖ Can be used for interpreting and discussing the results of the measure with the member and/or significant support person after administering and scoring
 - Minimum of 26 minutes, maximum of 50 minutes
 - 90887-4 is dependent on 96127-4 being selected first
- **Important coding tips:**
 - When service time for code 96127-4 is less than 31 minutes, then use **70899-418 (Assessment by non-physician)** if it is at least 8 minutes **and** meets direct patient care*.

MHS/MHRS (applies to AOA: county and contracted programs; CYS: contracted programs)

- **70899-418 (Assessment by non-physician)**
 - Can be used to capture time spent administering, gathering information, reassessing, scoring, documenting or discussing the results if through direct patient care*.
 - Minimum of 8 minutes, maximum of 1440 minutes

**Direct Patient Care: time spent directly with a member and/or caregiver, significant support person and professionals invested in the member's care. Time before or after the member/caregiver/significant support person leaves the session is non-billable.*