www.support4NICUparents.org

ISSUES IN DOCUMENTATION AND CODING/BILLING

BY NICU MENTAL HEALTH PROFESSIONALS TEAM

DOCUMENTATION

NICUs upgrading their psychosocial services for parents have faced questions of how to record/chart information regarding screening results, parent consultations, staff consultations regarding the family, and referrals. These questions are especially relevant in children's hospitals when parents are not the patients. Using hospital based standards of confidentiality, we recommend that NICU staff and NICU mental health professionals (NMHPs) make judgments on information storage, retrieval, and communication that safeguards parents' confidentiality as much as possible while a) maximizing services to parents in the NICU and b) facilitating the emotional well-being of parents in the NICU and post-discharge.

Experienced NMHPs have utilized a variety of procedures regarding screening and documentation of results, relevant risk factors, impressions of parents' needs and follow-up actions. Clinical judgment and discussions with NICU staff and leadership should precede formulation of clinical practices.

INITIAL CONTACTS

One area of consensus among NICU psychologists is that NMHPs should endeavor to meet with all NICU parents and introduce themselves as "I am ……. I try to meet with all new parents because our NICU recognizes that this is a stressful time for families." (See http://nationalperinatal.org/psychologists for additional resources). The establishment of an empathic working relationship with parents is an essential first step in reducing stigma and normalizing the parents' emotional state. Asking parents if they would introduce you to their baby and then talking with them by the isolette about the pregnancy, the birth and the current situation can facilitate clinical judgments regarding current levels of coping and distress possibly affecting their readiness to engage with their baby.

SCREENING

Some NMHPs utilize questionnaires such as the Edinburgh Postnatal Depression Scale (see https://womensmentalhealth.org/quiz-are-you-suffering-from-postpartum-

depression/) to evaluate levels of emotional distress while other NMHPs prefer to form judgments of emotional distress based on interviews. A variety of factors should be taken into consideration regarding methods of screening. There are two guiding principles. First, screening should begin early and be repeated. Research has shown that even parents of babies with shorter NICU stays report elevated PPD and PTSD scores, and the intensity of symptoms is likely to change over time. Second, although repeated screens may use the same methodology for the sake of consistency; positive screens (whether by questionnaire, lengthier inventories, or interviews) should be followed-up with more detailed methods, such as clinical interviews.

If standard screens are used, it is helpful to contextualize their use when explaining the screens to parents, reminding the parents that babies do best when the families are well-cared for. Parents can be reminded that NICUs with a family-centered philosophy want to ensure that they receive the services they need to help them through this stressful experience.

The thoroughness of documentation of screening and follow-up will vary by NICU. NICUs wishing to maximize the protection of parental information in the baby's charts or medical records may choose rather vague reports. For example, for a parent whose Edinburgh score has exceeded threshold, the recorded notation may simply say, "Edinburgh given, appropriate action taken." For a parent with a score in the normal range, the record might say, "Edinburgh given, no follow-up action necessary at this time."

COMMUNICATION AMONG STAFF

NMHPs have long recognized that NICU staff and parent volunteers often form impressions of the emotional well-being of parents. Staff and volunteers should be encouraged to communicate these impressions to NMHPs for professional consideration. The extent of appropriate disclosure of parental well-being to NICU staff should be discussed by leadership, staff, and NMHPs. Experienced NMHPs have recognized that both extremes of amount of disclosure should be avoided.

Too much disclosure (both in formal settings such as rounds and informal "watercooler chats" among staff) can lead to gossip and a stigmatization of parents, especially if labels are used without an explanatory context. Too little disclosure can interfere with the provision of necessary emotional resources from NICU staff. Many times request from staff for additional information about parents can lead to improved care, as staff can then be more uniquely sensitive to how each family is processing their baby's hospitalization. Clinical judgement regarding disclosure is paramount.

Below are some billing codes for services that have been used by some NMHPs. These codes are for information purposes only, since billing by NMHPs varies by type of hospital, location and state. Please check for your relevant codes:

Current Procedural Terminology (CPT) Codes (as of 12/1/2015):

90839 - (psychotherapy for crisis- first 60 min.)
90840 - (psychotherapy for crisis – add-on additional 30 min.)
90846 - (family psychotherapy without patient present)

90849 - (multiple family group psychotherapy)
90853 - (group psychotherapy - other than multiple-family group)
90832 - (psychotherapy, 30 min. with patient and/or family member)
90834 - (psychotherapy - 45 min. with patient and/or family member)
90837 - (psychotherapy, 45 min. with patient and/or family member)
90791 - (psychiatric diagnostic evaluation)
90792 - (psychiatric diagnostic evaluation, with med. services)
90785 - (psychotherapy, 60 min. with patient and/or family member)
96153 - (intervention service provided to a group)
96155 - (intervention service provided to a family without the patient present)
96101 - (psychological testing per hour)
96102 - (psychological testing, by tech.)
96111 - (developmental testing, extend; non time-based code)
90785 - (interactive complexity add-on, code in addition to 90791 and 90792 when appropriate)
96152 - (Health and Behavior Intervention, individual)
96154 - (Health and Behavior Intervention, family with patient)
96115 – (Health and Behavior Intervention, family without patient)

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