Community-Focused Services: Guidelines Regarding Coding, Billing & Documenting

Focus is Outpatient Services (Not Crisis or Adult Residential)

Last updated 9.25.2020v2 Presented By BHRS Quality Management Sept 2020
Write a Progress Note every time you:

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<tbody>
<tr>
<td>01</td>
<td>Provide a service to a client or for the benefit of a client</td>
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<td>03</td>
<td>Meet with other providers working with client—e.g., a social worker</td>
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Progress notes document our care. Coding is how we indicate the service that was provided to the client.

Client Present face to face time includes:
Client is present in person or by video

“Other Billable Service Time” includes:
• Documentation time
• Service time without the client in person or by video
• Travel time

Documentation time is billable whether or not it is on the same day as the service.
When Travel Time is Billable...

• Travel time must be **directly linked to the service provided**
• Include a travel statement at the beginning of your note (e.g., Clinician traveled round trip from office to client’s home to provide service)
• The **reason** for providing services in a location other than a clinic setting **does not** need to be documented
• **Services should be provided in the least restrictive setting**
All services are documented and coded. Billing is determined by:

1. Client’s Insurance Coverage
2. Service code – all service codes are billable in the community or by phone/video
3. Location code
4. “Service Time Client Present in Person” vs. “Other Billable Service Time”
Billing for Travel Time

Round-trip travel time from a provider site to an off-site location to provide a billable service is billable.

Add this travel time to “Other Billable Service Time”
All **Billed** services must be linked to the Billable Diagnosis and Medical Necessity *(or code 55)*.

Billed Services **MUST** explain how the services you provided to the client (or to others for the sake of the client):

- Reduced life problems and symptoms related to MH diagnosis
- Restored life functioning (ability to work, stay in housing, go to school, etc.)
- Prevented significant deterioration in an important area of life functioning (e.g., prevented moving to higher level of care)
- Improved the mental health condition (age under 21)
Providing Services While Driving with Client

Billing for a service while driving can be complex (and questionable) but it may be billed at times. Use careful judgement.

**Time when a billable service is being provided:**
Code as face-to-face client present in person

**Time when no billable service is being provided:**
Usually coded other non-billable time (NOT BILLABLE)

*It might be billable if you are traveling to provide a billable service. Example: you leave your office, pick up the client, and drive to an IEP with the client to provide case management. This is all billable travel time.*
Providing Services While Driving with Client

If no services are being provided in the car but you are driving with the client to provide a billable service at the end, travel time is “Other Billable Service Time.”

Bill for travel to and from the meeting and the time in the meeting.

Example: Driving with client from clinic to an IEP meeting, family meeting, or case conference to participate in case management session.
How did the conversation/service help to address the client’s mental health condition?

Document what you did to address the client’s mental health condition – what information was shared and how it can/will be used in planning for client care and services for the client.
What code do I use?
Common Service Code that All Staff Can Use

When coordinating with Community Partners/Other Professionals

TARGETED CASE MANAGEMENT (51/52), VRS-51, Katie A-ICC-51

- Communicate/Coordinate with others to assess, refer, monitor, evaluate services
- Refer/Access/Monitor needed services—e.g., Medical Needs, MH Services, Social Support, Vocational
- Provide linkage to other services
Common Service Code that All Staff Can Use

When working with clients to address goals and needs

REHAB (7), VRS-07, Katie-A-IHBS-7, REHAB GROUP (70)

- Address Behavioral Health goal
- Address Behavioral symptoms & impact of/on health
- Coping skills development
- Daily living skills development
- Social skills development

All Staff CAN Provide this Service
Common Service Code that All Staff Can Use

When working with client’s significant others to address client’s goals and needs

All Staff CAN Provide this Service

COLLATERAL (12), COLLATERAL GROUP (120)

- Working with family/support person to understand client’s mental health issues and how best to support client
- Assess client’s mental health with support person/family
- MH-related parent/support person training
- MH-related psychoeducation provided to support person

Note: This is not for working with other professionals
Common Service Code that All Staff Can Use

When a client is in Crisis

CRISIS INTERVENTION (2)

- Assess immediate crisis
- Danger to Self/Other addressed/resolved
- Gravely Disabled addressed/resolved
- Stabilize immediate crisis

All Staff CAN Provide this Service
Unbillable Services (55)
DO NOT address the mental health issue.

These include:

- going to Court
- housing issues
- transportation of client
- food shopping
- social groups and outings
- taking client to lunch
- solely physical health issues
- moving client from one placement to another
- taking client to the bank or DMV
- getting the client a telephone or bus pass
- attending resource or job fairs
- running errands
- taking client for lab work or to Planned Parenthood
- preparation/buying supplies for a group

All Staff CAN Provide this Service
QUESTIONS & ANSWERS

Let’s answer some common questions
Providing Services While Driving with Client

**Question:** Can a provider bill Medi-Cal for services provided in a vehicle or while the provider is driving if the intervention is therapeutic, included in the client plan, benefits the client, and documentation meets progress note requirements?

**Answer:**
Yes, these services may be billed as long as the medical necessity criteria are met, the intervention is on the treatment plan, and all progress note requirements are met.
How do I code/bill for meeting with the client’s family?

Q: When working with family/support person to help them understand the client’s mental health issues and how best to support the client, what is the correct code?

A: COLLATERAL (12)

Q: When helping the family to identify resources/needs to help the client stabilize and be more successful in the home, what is the correct code?

A: TARGETED CASE MANAGEMENT (51/52), VRS-51, Katie A-ICC-51

Q: When working on another child's needs or a parent’s needs that are unrelated to the mental health needs of the client, what is the correct code?

A: UNBILLABLE SERVICE (55)
How do I code/bill for taking a client to a medical appointment?

Q: When helping the client to manage the stress or emotional responses to the appointment, and/or staying with the client to understand what the medical staff are reporting, what is the correct code?

A: REHAB (7), VRS-07, Katie-A-IHBS-7

Q: When helping the client to access needed resources required for prescribing lab work, or sharing information with medical staff related to client’s MH needs or medication compliance, what is the correct code?

A: TARGETED CASE MANAGEMENT (51/52), VRS-51, Katie A-ICC-51

Q: When driving the client to the appointment and waiting for the client in the lobby, what is the correct code?

A: UNBILLABLE SERVICE (55)
Q: When helping the client to manage the stress or emotional responses to the court process, and staying with the client to provide behavioral support, what is the correct code?

A: REHAB (7), VRS-07, Katie-A-IHBS-7

Q: When checking in with the probation officer about the client’s mental health services, what is the correct code?

A: TARGETED CASE MANAGEMENT (51/52), VRS-51, Katie A-ICC-51

Q: When driving the client to the court hearing and waiting for the client in the lobby, what is the correct code?

A: UNBILLABLE SERVICE (55)
A FEW EXAMPLES...

Driving to Provide Services
Question:
A staff person drives from his home to a client’s home to work with the client around his anxiety.

Correct Answer:
Yes, this is billable but only from the time that the staff person is officially “on the clock” and working. 
Bill as Rehab
Is this travel time billable? How would this be coded?

Question:
A staff person drives from his home to a client’s home to work with the client around his anxiety but the client is not home.

Correct Answer:
No, missed visit. 
Code as Non-billable 55
Is this travel time billable? How would this be coded?

Question:
A staff person drives from his home to his worksite to work with the client around his anxiety.

Correct Answer:
No, the travel time is not billable. Do not add to progress note. What if you are driving to a clinic to provide services when you normally do not work? The answer is still no. Bill as Rehab
What is face-to-face, other billable, other non-billable time?

Clinician drives (23 minutes) from the clinic to a client’s home to provide individual therapy (48 minutes); the client is home & therapy is provided.

Clinician drives back to the clinic (24 minutes).

Writes the progress note the next day (13 minutes).

Correct Answer:
Face to face = 48
Other billable = 60 (23 +24+13)
Other non-billable = 0
Individual Therapy 9
Get ready for a MATH problem...
Service #1: Staff drives from clinic to client’s school to meet with client #1’s mom & teacher (15 min driving).

Service #2: Staff then drives (30 min) to meet client #2 in the park to talk about coping skills (58 min).

At school, meets with client’s mom (50 min). Talks about client’s MH needs.

Staff drives back to the clinic (20 min).

Service #3: Staff then works on treatment plan (23 min). Then goes home.

The next day staff writes 3 progress notes for yesterday’s services. Each took 10 min

How many minutes are billed for each service?
Correct Answer:

C: Total time billed = 226 min. Service #1: Collateral (12), 75 min; Service #2: Rehab (7), 118 min; Service #3: Plan Development (6), 33 min.

Total billing for day = 226 mins or 3.76 hours

Service #1: 0 minutes Face to Face Client Present; 75 minutes Other Billable (PN 10, Travel 15, Parent 50). **Total: 75 min Collateral (12)**

Service #2: 58 minutes Face to Face Client Present; 60 minutes Other Billable (PN 10, Travel 50). **Total: 118 min Rehab (7)**

Service #3: 0 minutes Face to Face Client Present; 33 minutes Other Billable (PN 10, 23 Treatment Plan). **Total: 33 min Plan Development (6)**
Get ready for MORE MATH ...
At placement meets with client (50 min). Talks about client’s transition plan to living in an apartment and related mental health needs.

Service #2: Staff then drives (30 min) to meet client #2. Client is a no-show. Instead meets with parent to talk about the importance of MH service for the client (27 min).

Staff drives back to the clinic (18 min).

Service #3: Then works on assessment (23 min). Then goes home.

The next day staff writes 3 progress notes for yesterday’s services. Each took 10 min.
Correct answer:

C:

Service #1: Case Management (51/52), 85 min
Service #2: Collateral (12), 85 min
Service #3: Assessment (5), 33 min

Total billing for day: 203 mins or 3.38 hours

Service #1: 50 minutes Face to Face Client Present; 35 minutes Other Billable (PN 10, Travel 25).
Total: 85 minutes Case Mgmt. (51/52)

Service #2: 0 minutes Face to Face Client Present; 85 minutes Other Billable (parent 27, PN 10, Travel 48).
Total: 85 minutes Collateral (12)

Service #3: 0 minutes Face to Face Client Present; 33 minutes Other Billable.
Total: 33 minutes Assessment (5)
THANK YOU