BHRS Mental Health Documentation Updates 2019

Coding for Progress Notes & Documenting Services
Main Points to Take Away

- **Write a Progress Note** every time that you:
  - Meet with a client/family
  - Address the client’s needs/talk with others about the client’s needs
  - Complete documentation for the client chart/care
Main Points to Take Away

- Write a Progress Note for Every Service
- Finalize the Progress Note
- Contractors sign the Progress Note
Main Points to Take Away

**Billable Service Time** and **Non-Billable Service Time** comes from your Progress Notes.
Main Points to Take Away

No progress note = No productivity

When in doubt code it 55
How Many Progress Notes Should This Clinician Write?

**9:00 am:** Met with client #1 to conduct an Assessment

**10:30 am:** Met with client #2 for therapy session

**11:00 am:** Talked with client #1’s social worker to find housing

**11:25 am:** Met with a client #2’s probation officer

**12:15 pm:** Called residential facility to get an update on client #3

**2:15 pm:** Logged into Avatar & completed Suicide Assessment Screening for client #2
9:00 am: Met with client #1 to conduct an Assessment (code 5 Assessment)

10:30 am: Met with client #2 for therapy session (code 9 therapy)

11:00 am: Talked with client #1’s social worker to find housing (code 51 case management)

11:25 am: Met with a client #2’s probation officer (code 51 case management)

12:15 pm: Called residential facility to get an update on client #3 (code 51 Case Mgmt.)

2:15 pm: Logged into Avatar & completed Suicide Assessment Screening for client #2 (code 5 Assessment)
How Many Progress Note Should This Case Manager Write?

9:00 am:
Met with client #1 to talk about his recent court date to arrange for transportation

10:00 am:
Provided rehab group with 7 clients

11:00 am:
Talked with client #1 over the phone to complete a treatment plan

11:25 am:
Picked client up and drove client to MD appointment

1:00 pm:
Went to the gym

3:15 pm:
Logged into Avatar and completed Treatment Plan for client #2
9:00 am: Met with client #1 to talk about his recent court date to arrange for transportation (code 55)

10:00 am: Provided rehab group with 7 clients (code 70 – write 7 notes)

11:00 am: Talked with client #1 over the phone to complete a Treatment Plan (code 6)

11:25 am: Picked client up and drove client to MD appointment (code 55)

1:00 pm: Went to the gym (no note)

3:15 pm: Logged into Avatar and completed Treatment Plan for client #2 (code 6)
NON-billable services

**DO NOT** address the mental health issue.

**Including:**

- addressing legal problems
- going to Court
- housing issues
- SSI - writing letters, completing forms, & questionnaires.
- substance use/abuse
- rep-payee
- transportation of a client
- food shopping
- social groups and outings
- taking the client to lunch
- solely physical health issues
- moving the 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 the client for lab work or to Planned Parenthood
- VRS/DOR or community service support without clear link to mental health issues
- preparation/buying supplies for a group
- translation only.
Travel time is billable when it is a component of a billable service.

- No client/no show --- may add to a 55 missed visit progress note
- Billing for a service while driving is questionable?? But may be billed at times.

- Round-trip travel time from a provider site to an off-site location to provide a billable service = billable, add to “Other billable Service Time” ---- drive to 1st client, drive to 2nd client

- Travel time between provider sites = not billable, add to “Other Non-Billable Service Time”
- Travel time from a staff’s home to a provider site = not billable-
  don’t add this time to progress notes
- Travel time from staff’s home to client’s home = not billable-
  Instead bill for the amount of time it would have taken to drive from your office to the client “Other billable Service Time”
Main Points to Take Away

- The Assessment and Treatment Plan **MUST** be completed before **Planned Services** are provided.

- All **Planned Services** that your **team/and support teams** provide **MUST** be on the **Treatment Plan**.
## Client Treatment Plan Addendum

**Date of Addendum**
- [ ] M
- [ ] T
- [ ] W
- [ ] T
- [ ] F
- [ ] S
- [ ] Sun

**Comments**

**Add Interventions**

**Interventions**
- [ ] Medication Support
- [ ] Family Therapy
- [ ] Rehab/Rehab Group
- [ ] Case Management
- [ ] Individual Therapy
- [ ] Collateral
- [ ] Group Therapy
- [ ] TBS

**Medication Support Duration**
- [ ] 12 Months
- [ ] 9 Months
- [ ] 6 Months
- [ ] 3 Months

**Medication Support Frequency**
- [ ] 2 to 3 Tx Month
- [ ] 3 to 5 Tx Week
- [ ] Daily
- [ ] Every 3 Months
- [ ] Weekly

**Rehab Group Duration**
- [ ] 12 Months
- [ ] 9 Months
- [ ] 6 Months
- [ ] 3 Months

**Rehab Group Frequency**
- [ ] 2 to 3 Tx Month
- [ ] 3 to 5 Tx Week
- [ ] Daily
- [ ] Every 3 Months
- [ ] Weekly

**Medication Support Agency/Provider**

**Medication Support Intervention Details**

**Rehab Agency/Provider**

**Rehab Intervention Details**
How to View/PRINT the plan

Client Treatment and Recovery Plan

Plan Name: Jolly’s 2016 Plan

Plan Type: Annual

CLIENT’S OVERALL GOAL/DESIRED OUTCOME - What the client wants to achieve

To keep from getting hospitalized.

Plan Start Date: 01/15/2018
Plan End Date: 01/14/2019

Did Client sign the Treatment Plan?: Signed Printed Copy

Was Client offered a copy of the Treatment Plan?: Yes-Accepted

Who is the signature for?: Client

Treatment Plan Status: Final

Treatment Plan Items
Medical Necessity Goal?: Yes
What you need to know when billing under other programs’ episodes

Even if you are writing your Progress Notes under another program, all of these rules still apply:

- Look at the Treatment Plan
- Get a Goal or Intervention added
- Do an Addendum to their plan and add an Intervention (i.e., your service).
These are Unplanned Services

You may provide these Unplanned Services prior to completion of the Assessment/Treatment plan:

- Assessment (5)
- Plan Development (6)
- Crisis Intervention (2)
- Medication Support Services for Assessment/Evaluation/Plan Development (14) or urgent need (14) or NEW CODE Medication Support Urgent RN (15U)
- NEW CODE: Case Management (52) For Assessment Plan development, limited referral/linkage.
These services must be on the Treatment Plan in order to bill for them in a Progress Note:

- Collateral (12)/ Group Collateral (120)
- Rehab (7)/ Group Rehab (70)/Intensive Home Based Services (IHBS)
- Therapy (9)/Family (41)/Group (10)
- Case Management (see Exception) (51) VRS-51/ICC-51
- Therapeutic Behavioral Services (TBS)
- Day treatment intensive
- Adult residential treatment services
- Crisis residential treatment services
- Medication Support (non-emergency) 15, 16(?)17, 19(?)
Steps to Success:

A Billable Diagnosis & Good Enough Treatment Plan:

► Billable Goals that address Medical Necessity

► Includes all interventions/service types that are provided

► Your service type is missing? Ask the clinician to add the service type to the plan

► All billed Planned Services MUST address/link to the diagnosis on the Treatment Plan (and medical necessity goal).
Billed services address Medical Necessity

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

- Reduced impairment
- Restored functioning
- Prevented significant deterioration in an important area of life functioning
- Improve the mental health condition (age under 21)
Non-group Co-Providers

Non-Group co-providers are not billed in the same Progress Note

Each provider must write their own Progress Note for a Non-Group service.
Non-group Co-Providers: Example #1

There is a meeting to address the client’s increased symptoms of depression.

**These people attend:**

- Client
- Client’s mother - worried about son
- BHRS MD - would like to increase medication dose
- BHRS Clinician – recommends family therapy to work on communication
- BHRS Family Partner – supports mother is voicing her concerns about her son and his suicidal gestures
- Caminar Case Manager- being added to the team to provide services in the home to improve structure, develop skill building & reporting to team about clients progress

**How many progress notes should be written? What are the correct service codes?**
Non-group Co-Providers: Example #1

There is a meeting to address the client’s increased symptoms of depression.

These people attend:

- Client
- Client’s mother - worried about son
- BHRS MD - would like to increase medication dose (1 note, code 15)
- BHRS Clinician – recommends family therapy to work on communication (1 note, code 51)
- BHRS Family Partner – supports mother is voicing her concerns about her son and his suicidal gestures (1 note, code 12)
- Caminar Case Manager - being added to the team to provide services in the home to improve structure, develop skill building & reporting to team about clients progress (1 note, code 51)
Non-group Co-Providers: Example #2

There is a meeting to address the client’s increased symptoms of depression.

These people attend:

- Client
- BHRS MD - would like to increase medication dose
- BHRS Peer Worker – drove the client to the meeting, waited for the client outside
- BHRS Case Manager- reporting on the clients symptoms and recent 5150

How many progress notes should be written? What are the correct service codes?
Non-group Co-Providers: Example #2

There is a meeting to address the client’s increased symptoms of depression.

These people attend:

- **Client**
- **BHRS MD** - would like to increase medication dose (1 note, code 15)
- **BHRS Peer Worker** – drove the client to the meeting, waited for the client outside (1 note, code 55)
- **BHRS Case Manager** - reporting on the client's symptoms and recent 5150 (1 note, code 51)
YES

- Justify **why** two providers were needed
- Must be based on the **client’s needs**, not the clinicians’ needs

**Examples:**
- *Due to the unsafe behavior of several clients in the group today, two providers were required to maintain safety*
- *Both practitioners were needed, due to potential dysregulation of clients in the group, to remove or re-direct specific clients within the group to maintain safety of all clients in the group.*
- *Due to EBP requirements, two providers where needed to provide DBT group.*

NO

- **Don’t assume that groups need multiple providers**
- Many groups may only need 1 provider
- If an intern is there to learn how to run a group- do **NOT** bill for the intern
Non-Billable Groups (code 55)

- **A “Dual-Diagnosis Group” that focuses **ONLY** on clients’ substance use recovery issues.**

- A group that is an **unstructured activity** such as eating lunch, watching a movie, or going for a walk.
#1 Way to Increase Productivity

Write a Progress Note!
1# Reason for LOW Productivity

NOT writing Progress Notes!

When in doubt code 55
The assessment and treatment plan MUST be completed before planned services are provided.

You MAY NOT provide Planned Services Prior to the completion of the assessment/treatment plan. Planned services include:
- Collateral (12) Group Collateral (120)
- Rehab (7) Group Rehab (70)
- Intensive Home Based Services (IHBS)
- Therapy (9) Family (41) Group (10)
- Case Management (51) VRS-51, ICC-51
- Medication Support 15, 16, 17, 19
- Therapeutic Behavioral Services (TBS)
- Adult residential treatment service
- Crisis residential treatment services

You MAY provide these Unplanned Services prior to the completion of the assessment/treatment plan:
- Assessment (5)/TBS Assessment
- Plan Development (6)
- Crisis Intervention (2)
- Medication Support for Assessment/Evaluation/Plan Development (14) or urgent need (14)
- Medication Support Urgent RN (15U)
- Case Management/Plan Dev/Assess/Linkage(52)

Every plan much have a medical necessity goal that addressed the diagnosis.

Group progress notes MUST justifying co-providers in every progress note, examples:
- Due to the unsafe behavior of several clients (i.e. ...two providers were required to maintain safety.
- Both practitioners were needed due to potential dysregulation of clients in the group to remove or re-direct specific clients within group to maintain all clients in the group.
- Due to EBP requirements two providers where needed to provide DBT group.
- Co-provider assisted in role playing healthy communication skills throughout group.

Step 1 — Assessment within the first 3 Face to Face Sessions, if possible.
Step 2 — Develop treatment plan with client.
Step 3 — Provide planned services.

Visit us on the web: www.smcohealth.org/bhrs/qm
### Billing Code References & Descriptions

#### $ TARGETED CASE MANAGEMENT (51) VRS-51, Katie A-ICC-51
- Communicate with others to assess, refer, monitor, evaluate services
- Coordinate w/others to access service
- Locate funding for living arrangement
- Referral/Access/ or Monitor needed services e.g., Medical Needs, MH Services, Social Support, Vocational
- Provide linkage to other services

#### $$$ CRISIS INTERVENTION (2)
- Assess immediate crisis
- Danger to Self/Other addressed/resolved
- Gravely Disabled addressed/resolved
- Stabilize immediate crisis

#### $ ASSSESSMENT (5), GROUP (50)
Non MD/Non NP – Working on Assessment
- Assessment/Medical Necessity
- Assessment/Diagnosis/MSE (by LPHA)
- Re-Assessment
- Assessment Addendum

#### $ Collaborative (12), GROUP (120)
- Not for working with other professionals
- Address client’s MH w/support person/family
- MH Related-Parent/support person training
- MH Related- Psycho-educate support person

### Billing Code References & Descriptions

#### $$ THERAPY INDIVIDUAL (9), FAMILY (41) & GROUP (10)
- LPHA, Trainee, RN w/Psych MS
  - Address Treatment Plan goals—therapy
- Conduct Psych Test (by PhD/PsyD)
  - Review external information for assessment

#### $$$ PLAN DEVELOPMENT (6)
Non MD/Non NP - Working on Treatment Plan
- Develop client’s Treatment Plan
- Gain Treatment Plan approval
- Evaluate Treatment Plan goal, progress
- Update/Modify client’s Treatment Plan
- Treatment Plan Addendum

#### $$ 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

### Billing Code References & Descriptions

#### $$$ THERAPY INDIVIDUAL (9), FAMILY (41) & GROUP (10)
- Address Treatment Plan goals—therapy
- Conduct Psych Test (by PhD/PsyD)
- Review external information for assessment

#### $$$ THERAPY INDIVIDUAL (9), FAMILY (41) & GROUP (10)
- MD, NP, RN, LVN/LPN
- Address treatment issues impacted by psychotropic meds or functional impairments
- Address psychiatric symptoms
- Evaluate med side effects/effect
- Medication education
- Obtain Med Consent
- Physician Update Assessment
- Develop Treatment Plan with medication support

### Unbillable Services (55)
- Clerical task
- Close a chart
- CPS/APS report
- Deceased client
- Discharge Note
- Family member referral
- Preparation for service
- Rep-Payee functions
- Review/Prepare chart for release of Information
- SSI paperwork no client present

- Tarasoff Report—making report
- Translation only
- Transportation of client — driving to appointment
- Prepare, Testify, Wait in court
- Write a letter for court
- No service - missed visit - no show
- Schedule appointments
- Send or receive email, voicemail, fax
Resources

- Updated treatment plans can be found at: http://www.smchealth.org/post/bhrs-client-treatment-recovery-plan
- For San Mateo County Contractors: http://www.smchealth.org/bhrs/providers/soc and for Out-Of-County Youth Contractors http://www.smchealth.org/bhrs/providers/oocy
- Policy Memo: http://www.smchealth.org/bhrs-policies/policy-memo-policy-memo-11-17-chart-documentation-requirement-updates
Questions