



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

BHRS Mental Health Documentation Updates 2019

*Traveling Around Providing Services in the
Community*



Last updated 10.17.19v8:50



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Main Points to Take Away

Note



Documentation time and travel time **is billable** when it is a component of **the billable service**, whether or not the time is on the same day as the reimbursable service activity.





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Main Points Related to Billing For Travel

- ▶ Write a **Progress Note** every time that you:
 - ▶ **Travel** to provide a service to a client
 - ▶ **Travel** to meet with a client/family
 - ▶ **Travel** to meet with other providers working with client, like a social worker





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A Word About HIPAA.....



- ▶ **Talking about clients on your cell phone**

- ▶ Be aware of who is around you
- ▶ Less is more



- ▶ **Talking to clients in public places**

- ▶ Public places are not appropriate for big deep conversations or therapy



- ▶ **Running in to a client in a public place**

- ▶ Only acknowledge client if they do first, don't say how you know the client or share anything with other people



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A Word About HIPAA.....

Name *Sammie Smith*

Address *12 Main St.*

Email *Sammie@aol.com*

Phone *598-2711*

Name *Methryn Terr*

Address *12 Main St.*

Email *711-1144*

Phone *45*

Name *Lin Lieber*

Address *559 Park Ave*

Email *711-1144*

Phone *775-7575*

Name *Riley Phyrus*

Address *77 North Street*

Email *RR@gmail.com*

Phone *711-1144*

- ▶ Taking confidential information out of the office
- ▶ List of clients on paper & in cell phones
- ▶ Leaving confidential information in your car



2019
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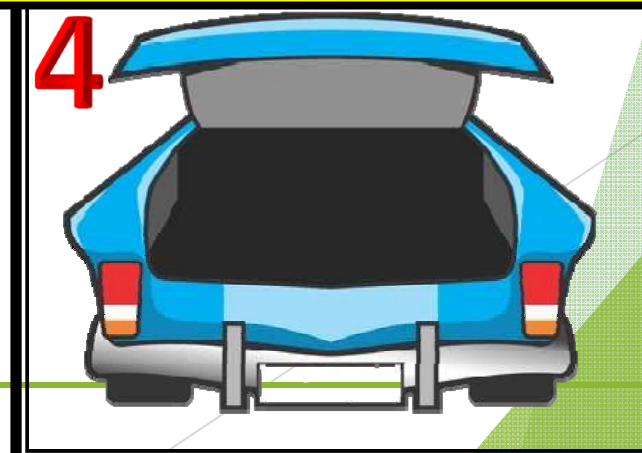
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Which of the items below is OK to leave in your car, unattended?

No county electronic devices and any form or document with client's information on it may be left in the car or trunk.





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Document ALL of Your Services



Important

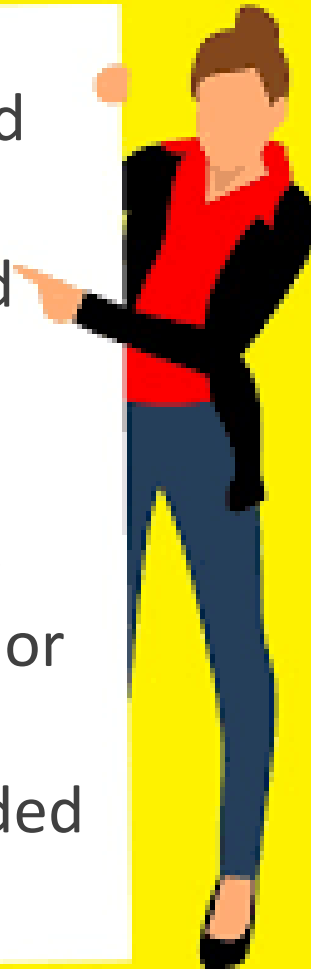


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What must be in the progress note?

- ▶ Travel time and service time must be added to your progress/note
- ▶ Travel must be directly linked or related to the services provided





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What must be in the progress note?

- ▶ 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.)





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Coding vs Billing? What is the difference?



- ▶ All services are documented and coded
- ▶ Billing is determined by the “service code” and “location code”





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Must the Reason for Travel Be Documented?

- ▶ No, it is not necessary to document the reason for providing services in a location other than a clinic setting
- ▶ Services should be provided in the least restrictive setting



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Progress Note Content **EVERY NOTE**



Note

- ▶ All **Billed** services must still be linked to the Billable Diagnosis and Medi-Cal Necessity
- ▶ **Billed services address Medical Necessity (or code 55)**
- ▶ You **MUST** explain how the services you provided to the client (or others for the sake of the client):
 - ▶ Reduced life problems and symptoms related to diagnosis
 - ▶ Restore life functioning (ability to work, stay in housing, go to school, etc.)
 - ▶ Prevented significant deterioration in an important area of life functioning (e.g., reduce moving to higher level of care)
 - ▶ Improve the mental health condition (age under 21)



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Can you use ANY Service Code when providing Services in the Community/Field?

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

Mental Health Services

\$\$ ASSESSMENT(5), GROUP(50)

Non MD/Non NP- Working on Assessment

- ▶ Assessment/Medical Necessity
- ▶ Assessment/Diagnosis/MSE (by LPHA)
- ▶ Re-Assessment
- ▶ Assessment Addendum

- ▶ Behavioral or Needs Assessment

- ▶ CA/LOCUS

- ▶ Co-Occurring Assessment

- ▶ 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

\$\$ COLLATERAL (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

\$\$\$\$ MEDICATION SUP (15), GROUP (150)

MD, NP, RN, LVN or LPT

- ▶ Address health 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

\$\$\$\$ MD/NP INITIAL ASSESSMENT (14)

- ▶ Physician Initial Assessment

\$\$\$\$ RN INJECTIONS (16)

MD, NP, RN, LVN or LPT

- ▶ Injection

\$\$\$\$ RN INJECTIONS (19)

MD, NP, RN, LVN or LPT

- ▶ Injection of Risperdal Consta or Invega Sustenna

\$\$\$\$ MD TIME NOT MEDICARE BILLABLE (17)

Not face to face MD or NP

- ▶ Billable to Medi-Cal without client present- Not any of the things listed under (55)
- ▶ Chart review for medication
- ▶ Reports/letters- not SSI, not court
- ▶ Clinical Paperwork

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



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Common Service Code for Services in the Community

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

- ▶ Communicate/ Coordinate with others to assess, refer, monitor, evaluate services
- ▶ Referral/Access/ or Monitor needed services e.g., Medical Needs, MH Services, Social Support , Vocational
- ▶ Providing linkage to other services

All Staff Can Provide This Service



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Common Service Code for Services in the Community

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



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Common Service Code for Services in the Community

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



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Common Service Code for Services in the Community

COLLATERAL (12), GROUP (120)

**Working with Family/Support Person to Understand Clients
Mental Health Issues and How best to Support the Client**

- ▶ Assessing client's MH with support person/family
- ▶ MH Related-Parent/support person training
- ▶ MH Related- Provide psychoeducation to support person
- ▶ *Note: This is not for working with other professionals*

All Staff Can Provide This Service



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Common Service Code for Services in the Community

Unbillable Services (55)

DO NOT address the mental health issue.

Including:

- going to Court
- housing issues
- 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
- preparation/buying supplies for a group



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How do I code/bill for meeting with family in their house?

COLLATERAL (12)

Working with Family/Support Person to understand clients mental health issues and how best to support the client.

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

Helping the family to identify resources/needs to help stabilize the client and be more successful in the home.

UNBILLABLE SERVICES (55)

Working on another child's needs or parent's needs unrelated to the client.





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How to code/bill for taking client to medical appointment?

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

Helping the client to manage the stress or emotional responses to the appointment.
Stay with the client to understand what the medical staff are reporting.

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

Helping the client to access needed resources required for prescribing- lab work.
Sharing information with medical staff related to MH needs or med compliance.

UNBILLABLE SERVICES (55)

Driving the client to the appointment and waiting for the client in the lobby.





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How do I code/bill for taking a client to court?

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

Helping the client to manage the stress or emotional responses to the appointment. Stay with the client to understand help provide behavior support.

TARGETED CASE MANAGEMENT (51/52)

VRS-51, Katie A-ICC-51

Check in with the probation officer about client mental health services.

UNBILLABLE SERVICES (55)

Driving the client to the appointment and waiting for the client in the lobby.





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A Few Examples...

Driving around to provide services





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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 travel time to “Other billable Service Time”



Is this Travel Time Billable? How would this be Coded?

A staff person drives from his home to a client's home to work with the client around his anxiety.

Staff's home

Client's home

Correct Answer:

Yes, but only from the time that the person is officially on the "clock" and working.

Bill as Rehab

Is this Travel Time Billable? How would this be Coded?

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.

client's home

staff's home

Correct Answer:
No, missed visit.
Code as **Non-billable 55**

Is this Travel Time Billable? How would this be Coded?

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

Staff's home

Staff's Clinic

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



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Providing Services While Driving with Client

Billing for a service while driving can be complex but may be billed at times.

Time when a billable service is being provided:

- **Code as face-to-face- client present**

Time no services being provided:

- **Usually code as other non-billable**
- **At times this is billable**





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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 “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 meeting to participate in case management session.



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Get ready for a MATH problem.....



1

Service#1: Staff drives from clinic to client's school to meet with client #1's mom & teacher (15 min driving).



2

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

3

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

4

Staff drives back to the clinic (20 min).
Service #3: Staff then works on treatment plan (23 min). Then goes home.

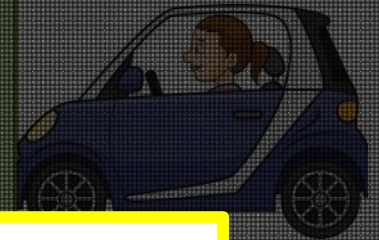
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The next day staff writes 3 progress notes for yesterdays services. Each took 10 min

6

How many minutes are billed for each service?

Service#1: Staff drives from clinic to client's school to meet with client #1's mom & teacher



2 At school meets with client's mom (50 min). Talks about client's situation.

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)**

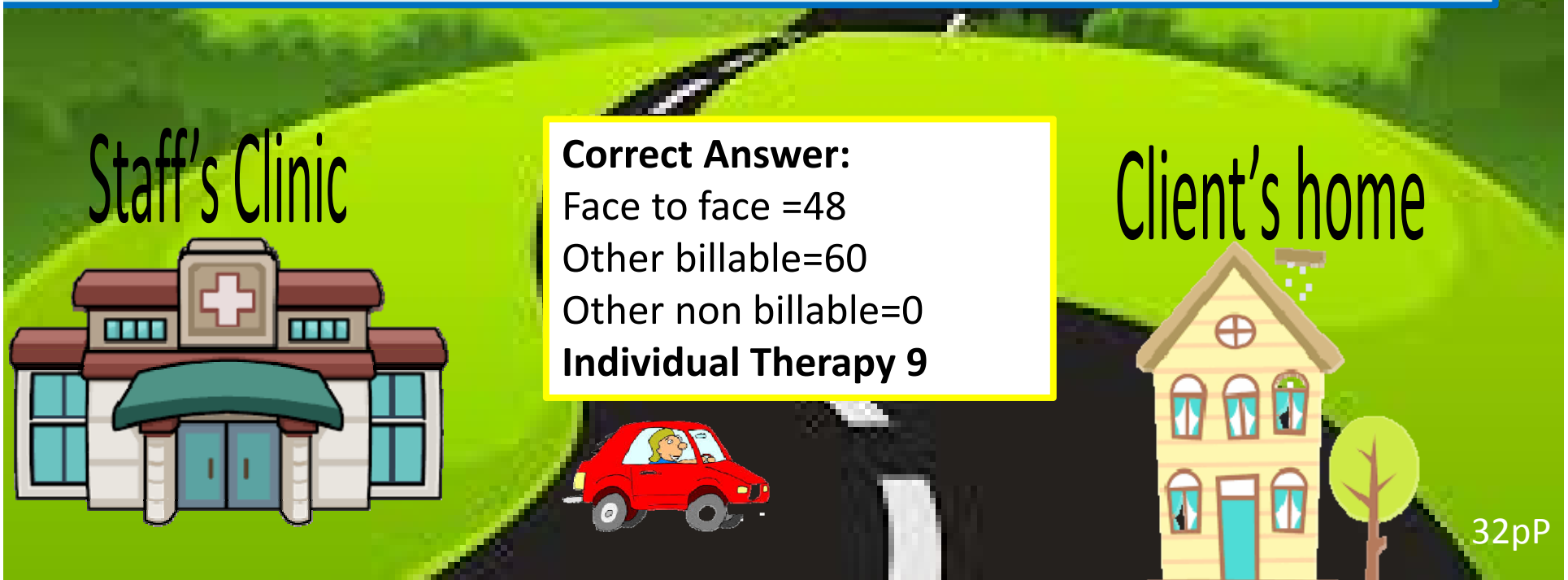
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took

What is the Face to Face, other billable, other non-billable?

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

Clinician drives back to the clinic (24 minutes)

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



Is this Travel Time Billable? How would this be Coded?

A staff person drives from his worksite to the client's school to work with the client around his anxiety.



Staff's Clinic

Client's School



Correct Answer:
Yes bill as **Rehab**



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Get ready for MORE MATH



Service#1: Staff drives from clinic to client's residential placement to meet with client #1 (25 min driving).



2

At placement meets with client (50 min). Talk about client's transition plan to living in an apartment and related mental health needs.

1

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).

3

Staff drives back to the clinic (18 min).
Service #3: Then works on assessment (23 min). Then goes home.

4

How many minutes are billed for each service?

6

5

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

2
At placement meets
with client (50 min).
Talks about client's
trans
and

1
Service#1: Staff
drives from clinic to
client's residential
placement to meet
with client #1 (25 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 min**
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 min Collateral (12)

Service 3: 0 minutes Face to Face Client Present, 33
minutes other billable: **Total: 33 min Assessment (5)**



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#1 Way to Increase Productivity

Write a Progress Note!





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Questions

