BHRS Mental Health Documentation Updates 2019

Traveling Around Providing Services in the Community
Main Points to Take Away

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.
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
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
A Word About HIPAA

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

Name: Sammie Smith
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Name: Kathryn Terry
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Name: Justin Lieber
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Email: Justin@yahoomail.com
Phone: 775-7575

Name: Riley Phyrus
Address: 77 North Street
Email: RR@gmail.com
Phone: 711-1144
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.
Document ALL of Your Services

- Legal Reasons
- Client Care
- Client Safety
- Revenue
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.
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.)
Coding vs Billing? What is the difference?

- All services are documented and coded
- Billing is determined by the “service code” and “location code”
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.
Progress Note Content **EVERY 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)
SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

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(S), GROUP(S0)
- Not for working w/other professionals
- Address client's MH w/support person/family
- MH Related-Parent/support person training
- MH Related- Psycho-educate support person

THERAPY INDIVIDUAL (9), FAMILY (41) & GROUP (10)
- Address Treatment Plan goals/therapy
- Medication Sup (15), GROUP (150)
- 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
- 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 SSL, 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 paper work 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
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
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
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
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
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
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.
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.
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.
A Few Examples...

Driving around to provide services
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.

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.

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.

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
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
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.
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).

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?

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

At school meets with client’s mom (50 min). Talks about client’s MH needs.
At school meets with client’s mom (50 min). Talks about client’s stress and coping skills (40 min).

Service#1: Staff drives from clinic to client’s school to meet with client #1’s mom & teacher (30 min).

Service #2: Staff then drives 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 stress and coping skills (40 min).

Service #3: 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.

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)
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).

Correct Answer:
Face to face = 48
Other billable = 60
Other non billable = 0
Individual Therapy 9
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.

Correct Answer: Yes bill as Rehab
Get ready for MORE MATH .....
Service #1: Staff drives from clinic to client’s residential placement to meet with client #1 (25 min driving).

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).

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

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.

**How many minutes are billed for each service?**
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)
#1 Way to Increase Productivity

Write a Progress Note!
Questions