

CODING PROGRESS NOTES & DOCUMENTING SERVICES

BHRS Mental Health Documentation Updates 2020



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Version 8.28.2020

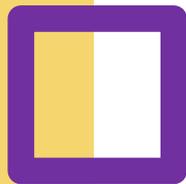
CODING VS. BILLING

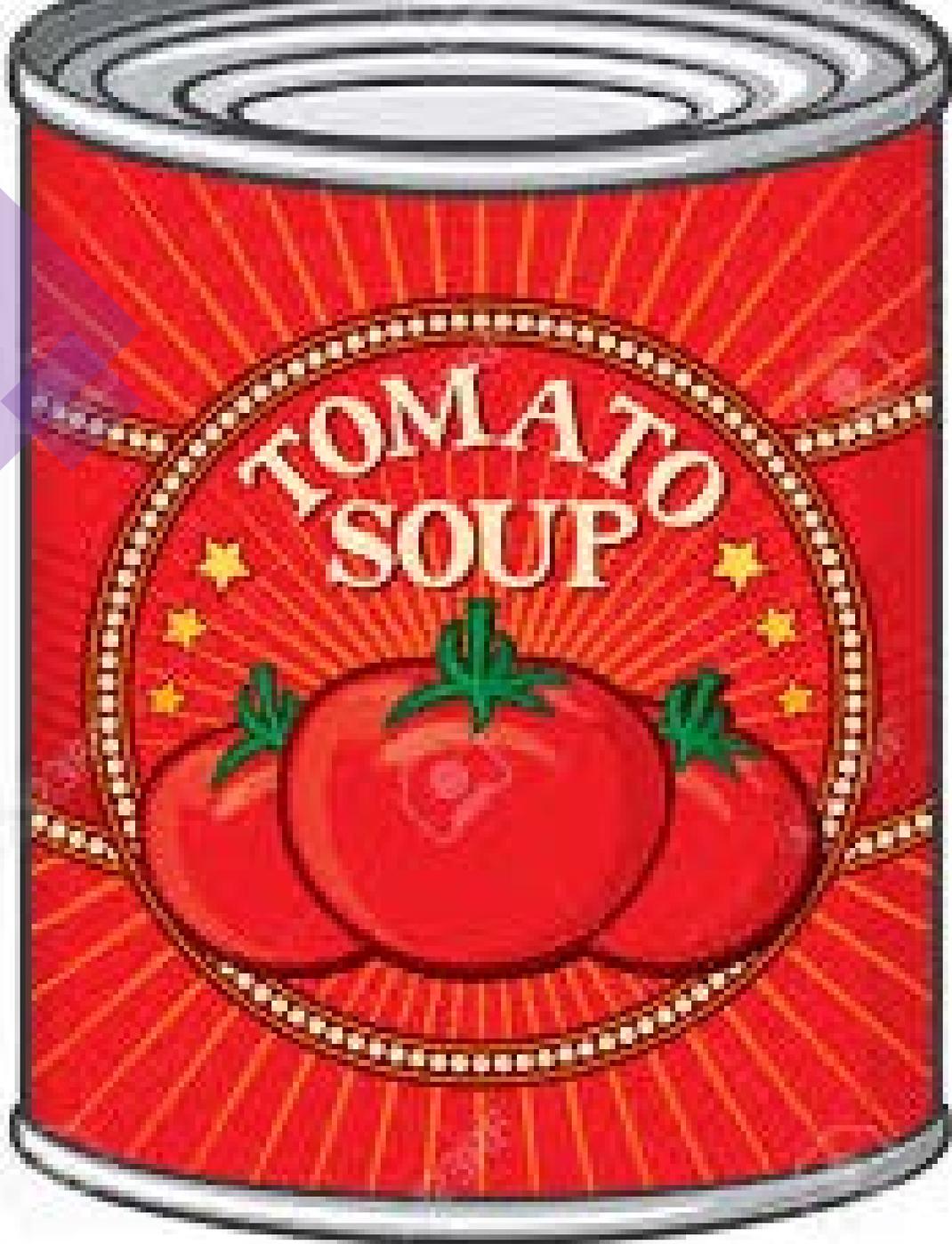
- All services to a client are **documented in a progress note** and **coded**
- **Progress notes** document our care
- Coding is how we indicate the service that was provided to the client
- **Billing is determined by:**
 - **Service code**
 - **Location code**
 - **Type of service minutes – “Service Time Client Present in Person” vs. “Other Billable Service Time”**
- Billing means that we are billing a payer (insurance company or school district) to get paid



CODING & BILLING

*We have a can....
but what's in the can?*





CODING & BILLING

*Now we have **CODED** the can "Tomato Soup"*

*Coding your service is like **labeling the can***



CODING & BILLING

Price is determined by the label CODE

The bill/price is based on the CODE

BILLING PROCESS...IN SHORT

1

A **Client is Opened** to a BHRS Mental Health Program in Avatar



2

The Staff Person **Provides a Service** to a Client



3

The Staff Person writes a Progress Note and **Codes the Service, determines if the service was Face-to-Face, & uses a Location Code** (e.g., Assessment 5, Phone, Other Billable Service Time)

4

The Billing Department **determines** what **Insurance/Payor** the client has



5

Avatar looks at Provider's Scope of Practice, and for a Treatment Plan and Diagnosis Covering the Service. **If there is a problem, the billing gets kicked to the curb—BHRS does not bill or get paid**



6



If everything looks good, **the Service is Invoiced/Billed**

7



LOCATION CODES

Use the **location of the client** if they are in a lockout setting, **not your location**.

- **MH Lockout Locations:** PES, Psych. Hosp., Serenity House, Redwood House, Jail or Jail-like setting, IMD.
- **Use the lockout location code even if the service is over the phone or by video conferencing**

Client not in A lockout:
use the appropriate location code.

Office

for tasks such as the write-up of your assessment (without client), use the location code “OFFICE”. If you are working from home, your home office is considered an extension of your county office *for now*.

Missed visit

Use “missed visit” location code

Voice mail/Fax/Email

Use location code “**Voice mail/Fax/Email-Non-billable**”

Coding Services by Phone or Video

Use all of the regular service codes that you normally use.

Still use billable codes.

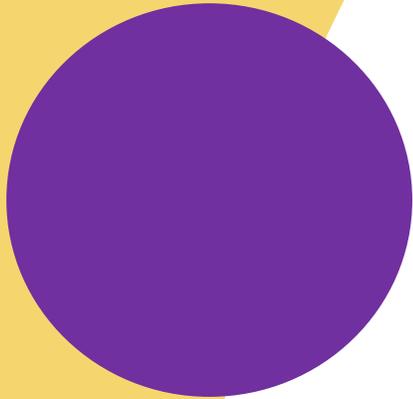
Phone Service with Client

- Time with client on a PHONE call is entered in
 - “Other Billable Service Time”
 - Location code is “PHONE” unless client is in a lockout location

Video Conferencing with Client

- Time with client by VIDEO is entered in
 - “Service Time Client Present in Person”
 - Location code is “TELEHEALTH” unless client is in a lockout location

SCOPE OF PRACTICE



The Service Code used is based on the service that YOU provide.

It is not just who you are, but what service you provided within your scope, that matters.

You may only provide services within your scope.

ALL STAFF MAY CODE/BILL FOR:

Assessment (5)

Case Management (51/52)

Crisis Intervention (2)

Collateral (12/120)

Plan Development (6)

Rehab (7/70)

CFT-ICC - Children and Family Team ICC
(CFTICC)

**Other service
codes have
scope of
practice
requirements**

BILLING & TREATMENT PLANS

PLANNED SERVICES MUST BE ON TX PLAN

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

All **Planned Services** that your team and/or support teams provide **must** be on the Treatment Plan.

All billed **Planned Services** **must** address/link to the diagnosis on the Treatment Plan (and to a Medical Necessity goal).

PLANNED SERVICES MUST BE ON TX PLAN

Unplanned Services

May be provided prior to completion of 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 Medication Support Urgent RN (15U), and (16) and (19) injections **for urgent need**
- Case Management (52) for Assessment, Plan Development and limited referral/linkage

Planned Services

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: Individual (9) / Family (41) / Group (10)
- Case Management [*see exception above*] (51), VRS-51/ICC-51
- Therapeutic Behavioral Services (TBS)
- Day Treatment Intensive
- Adult & Crisis Residential treatment services
- Medication Support – non-emergency: (15), (16), (17), (19)

BILLING UNDER OTHER PROGRAMS

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

- Look at the Treatment Plan and its goals/objectives
- Make sure your intervention/service is on the plan
- If it is not, it must be added to the plan in order for you to bill for the service
- Complete a *Client Treatment Plan Addendum* to their plan to add an Intervention (i.e., your service)

PROGRESS NOTES & BILLING

KEY POINTS

Write a Progress Note for every service.

Finalize the Progress Note.

Contractors: Sign the Progress Note with your full name and credentials.



**WRITE A
PROGRESS
NOTE**

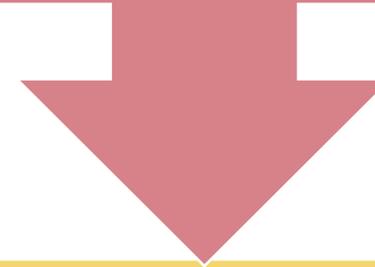


Write a Progress Note every time that you:

- Meet with a client/family to address a need/provide a service
- Address the client's needs/talk with others about the client's needs
- Complete documentation for the client's chart/care

**PROGRESS
NOTE CONTENT**
FOR ALL NOTES THAT
DOCUMENT A BILLABLE
SERVICE

**Billed Services Address
Medical Necessity**



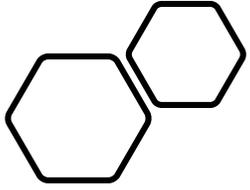
You **MUST** explain how the services you provided to the client (or to others for the sake of the client):

Reduced
impairment

Restored
functioning

Prevented
significant
deterioration in an
important area of
life functioning

Improved 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.

HOW MANY PROGRESS NOTES SHOULD THIS CLINICIAN WRITE?



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



11:25 am:
Met with client
#2's probation
officer



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



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



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



2:15 pm:
Logged into Avatar &
completed Suicide
Assessment Screening
for client #2

ANSWER: 6 PROGRESS NOTES



9:00 am:
Met with client #1
to conduct an
Assessment (code 5
Assessment)



11:25 am:
Met with client
#2's probation
officer (code 51
Case
Management)



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



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



11:00 am:
Talked with client #1's
social worker to find
housing
(code 51 Case
Management)

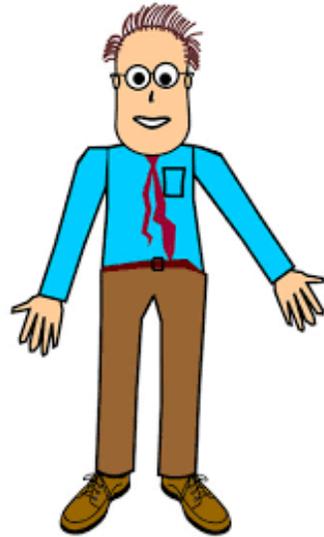


2:15 pm:
Logged into Avatar &
completed Suicide
Assessment Screening for
client # 2 (code 5
Assessment)

BILLING FOR TRAVEL



- Travel time is billable when it is a component of a **billable service**
- No client/no show – travel may be added to a (55) Missed Visit progress note
- Billing for a service while driving is questionable but it may be billed at times; use careful judgement
- Round-trip travel time from a provider site to an off-site location to provide a billable service **IS** billable and is captured in **“Other Billable Service Time”**. (E.g., driving from office to first client, driving to second client, and driving back to office.)
- Travel time between provider sites is **NOT** billable; this time goes in **“Other Non-Billable Service Time”**
- Travel time from staff’s home to a provider site is **NOT** billable; do not add this time to progress notes
- Travel time from staff’s home to client’s home could be billable, but bill **only** for the amount of time it would have taken to drive from your office to the client; this goes in **“Other Billable Service Time”**

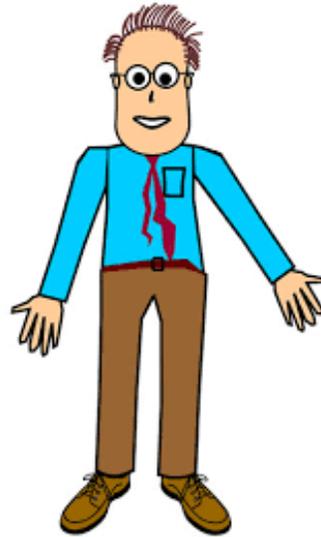


NON-GROUP CO-PROVIDERS: EXAMPLE

How many progress notes should be written? What are the correct service codes?

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 - reported on the client's symptoms and recent 5150



NON-GROUP CO-PROVIDERS: EXAMPLE

3 notes

How many progress notes should be written? What are the correct service codes?

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 - reported on the client's symptoms and recent 5150 (1 note, code 51)

**(55/550)
UNCLAIMABLE
SERVICES**

Services NOT billable to Medi-Cal should be coded (55/550) unclaimable service.

You should not try to make unbillable services billable.

You still get credit for productivity when you use codes (55/550).

CODE THESE 55/550:

**NON-BILLABLE SERVICES THAT
DO NOT ADDRESS THE
MENTAL HEALTH ISSUE.**

INCLUDED ARE:

- addressing legal problems
- 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.

NON-BILLABLE GROUPS

CODE (550)

A group that does not address a mental health need.

A group that is an unstructured activity such as eating lunch, watching a movie, or going for a walk.

AVATAR

*Finding Treatment Plans
& Printing*

Client Staff Site

Forms & Data

Treatment Plan Interventions

Dx For Current Assessment V2

- My Forms
- Reports
 - Call Center
 - Initial Contact Screening (ICI)
 - ICI Contacts Note
 - Call Log
 - CLIENT DASHBOARD
 - BHRS Client Financial Report
 - Update Client Data
 - BHRS Client Relationships
 - Diagnosis Report
 - Family Registration
 - Scheduling Calendar
 - Appointment Signaling Report
 - Appointment Signaling Details
 - User Failed Authentication Question
 - Documentation At A Glance
 - ADULT Initial Assessment v2
 - ADULT Annual/Update Assessment
 - YOUTH Initial Assessment v2
 - YOUTH Annual/Update Assessment
 - Client Treatment and Recovery Plan
 - Append Progress Notes
 - Progress Note Error Correction Rec
 - URGENT CARE PLAN Bundle
 - POS Scan
 - Child and Adolescent Needs and St

- Recent Forms

Search Forms

Episode:	Program:	Individual Therapy Duration:	Individual Therapy Frequency:	Start Date:	End Date:
55	924125 HEAL	9 Months	Every 2 Months	08/01/2019	07/30/2020
52	AD4135TXR WRA TX READINESS	12 Months	2 to 3 Tx Month	05/01/2019	04/29/2020
Addendum Interventions: Date: 05/03/2019					
50	410108 NORTH COUNTY TOTAL WELLNESS	9 Months	Every 2 Months	04/01/2019	03/30/2020
Addendum Interventions: Date: 07/01/2019					
		3 Months	Weekly		
Case Management Duration: 3 Months Case Management Frequency: Weekly					

Episode: 49 Diagnosing Practitioner :BULL,INGALL DX: Admi

Primary Dx: BULL,INGALL, 311, Depressive disorder NOS, F32.9
Additional Dx: , , ,

Treatment Plan Overdue for Caseload



Addendum to Treatment

Submit

ONLY COMPLETE ITEMS TO BE ADDED TO AN EXISTING PLAN

Date of Addendum

T Y ▾

Addendum to Treatment Plan (Select one)

Comments

Add Interventions

INTERVENTIONS-Describe in detail the interventions proposed for each service type

<input checked="" type="checkbox"/> Medication Support	<input type="checkbox"/> Rehab/Rehab Group	<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Case Management	<input type="checkbox"/> Collateral	<input type="checkbox"/> TBS

Medication Support Duration

12 Months
 9 Months
 6 Months
 3 Months

Rehab Group Duration

12 Months
 9 Months
 6 Months
 3 Months

Medication Support Frequency

<input type="radio"/> 2 to 3 Tx Month	<input type="radio"/> 2 Tx Week
<input checked="" type="radio"/> 3 to 5 Tx Week	<input type="radio"/> 3 Tx Week
<input type="radio"/> Daily	<input type="radio"/> Every 2 Months
<input type="radio"/> Every 3 Months	<input type="radio"/> Monthly
<input type="radio"/> Weekly	

Rehab Group Frequency

<input type="radio"/> 2 to 3 Tx Month	<input type="radio"/> 2 Tx Week
<input type="radio"/> 3 to 5 Tx Week	<input type="radio"/> 3 Tx Week
<input type="radio"/> Daily	<input type="radio"/> Every 2 Months
<input type="radio"/> Every 3 Months	<input type="radio"/> Monthly
<input type="radio"/> Weekly	

Medication Support Agency/Provider

Rehab Agency/Provider

Medication Support Intervention Details

Rehab Intervention Details

TEST, JOLLY (000938760)
M, 55, 12/05/1962

Allergies (5)

How to View/PRINT the plan

Chart +

Overview Client Treatment and Recovery Plan Add Print All

- URGENT CARE PLAN
- Update Client Data
- BHRS Client Relationships
- Assign Care Coordinator
- Application for Services and Consent
- Authorization for Use or Disclosure
- Verbal Authorization for Release
- Verification of Consent to Medication
- Assessments
- Initial Contact Information
- Initial Contact Screening
- ICI Contacts Note**
- BHRS Diagnosis
- ADULT Initial Assessment v2
- ADULT Reassessment v2
- Adult Assessment Addendum
- YOUTH Initial Assessment v2
- YOUTH Reassessment v2
- Youth Assessment Addendum
- ADULT Admission Assessment
- ADULT Annual / Update Assessment
- ADULT Special Assessment
- LOCUS
- MENTAL STATUS EXAM (Adult + PI)
- CHILD / YOUTH Admission Assessment
- CHILD / YOUTH Annual / Update Assessment
- CHILD / YOUTH Special Assessment
- CALOCUS
- Mental Status/ Behavioral Observation
- Substance Use Assessment
- AC OK COD for Adolescents / TAY
- AC OK COD for Adults

28: AD412101 STARVISTA - ARCHWAY OPT (0) 07/07/2017 - 09/28/2017	27: ADRTX SERVICE CONNECTIONS (0) 05/25/2017 - Active	25: 417000 COASTSIDE ADULT PSYCHIATRY CLINIC (0) 05/18/2017 - Active	20: 419100 PALM BEACH COUNTY MENTAL HEALTH CLINIC (0) 03/27/2017 - Active
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Sort/Filter: Plan Name Plan Type Plan Status

Submitted 12/29/2017 at 08:52 AM by JEANNINE MEALEY Edit Print **Report**

Client Treatment and Recovery Plan

Plan Name: Jolly's 2018 Plan

Plan Type: Annual

CLIENT'S OVERALL GOAL/DESIRED OUTCOME - What the client wants to accomplish

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

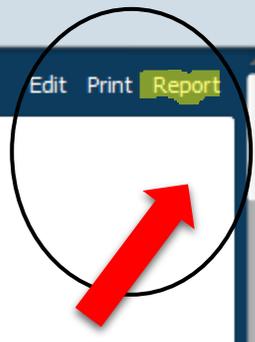
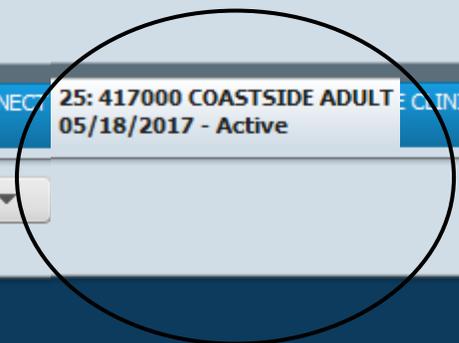
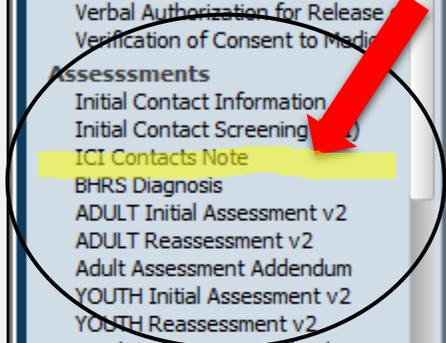
Was Client offered a copy of the Treatment Plan?: Yes-Accepted

Who is the signature for?: Client

Treatment Plan Status: Final

Treatment Plan Items

Medical Necessity Goal?: Yes



QUESTIONS
