CODING PROGRESS NOTES
&
DOCUMENTING SERVICES

BHRS Mental Health Documentation Updates 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?
Now we have **CODED** the can “Tomato Soup”

Coding your service is like **labeling the can**
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. Paid in Full
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
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).
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)
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 **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

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

<table>
<thead>
<tr>
<th>Reduced impairment</th>
<th>Restored functioning</th>
<th>Prevented significant deterioration in an important area of life functioning</th>
<th>Improved the mental health condition (age under 21)</th>
</tr>
</thead>
</table>

Billed Services Address

Medical Necessity
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

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 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
**ANSWER: 6 PROGRESS NOTES**

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 Individual Therapy)

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

11:25 am: Met with 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)
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”
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
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)
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
How to View/PRINT the plan

Client Treatment and Recovery Plan

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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? Yes
Was Client offered a copy of the Treatment Plan? Yes
Who is the signature for Client
Treatment Plan Status: Final

Treatment Plan Items
- Medical Necessity: Yes
QUESTIONS