The Assessment and Treatment Plan MUST be completed BEFORE planned services are provided.

Non-billable notes (55) and non-billable groups (550)
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)

Non-billable service are coded as 55, non-billable groups are coded as 550

Every plan MUST have a medical necessity goal that addresses the diagnosis.

Group progress notes MUST justify co-providers in every progress note. Examples:
- Due to the unsafe behavior of several clients (include examples) two providers were required to maintain safety
- Due to potential dysregulation of group members, both providers were needed in order to remove or re-direct specific clients to maintain safety of 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.

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