Documentation Quick Guide (for Medication Services)

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Telehealth vs Phone Services

Modality of Service	When to use	Service Minutes and Location Code
Videoconferencing (with client)	• When you are video conferencing with the client	• Service minutes with client are entered in **"Service to Client Present in Person"** time. • Location code is "**Telehealth**" or "**Telehealth Home"** *unless client is in a lockout location (e.g. jail, PES/Psych Hospital).*
Videoconferencing (without client)	• When you are video conferencing with caregiver/providers <u>without client present</u> (e.g., care coordination meeting)	• Service minutes without client present is entered in "**Other Billable**" time. • Location code of "**Phone**," *unless client is in a lockout location.* This is <u>**not**</u> considered Telehealth.
Phone (with or without client)	• When you are speaking with the client over-the-phone without video. • When you are speaking to a collateral over-the-phone without video. • When you are speaking to another provider over-the-phone without video.	• Service minutes spent speaking to anyone* over-the-phone (without video) should be entered in "**Other Billable**" time. • Location code of "**Phone**," *unless client is in a lockout location.* *Unlike Telehealth/Videoconferencing or in-person services, over-the-phone service time does not distinguish between time spent directly speaking with client versus speaking with someone other than the client.

Service Codes Cheat Sheet

Code	Code Description	MD/NP	RN

5	**Initial Assessment**	• MD/NP use code 14. Only use code 5 if your service does not have anything to do with your prescribing.	• Client does not have to be present.
			• If present, client may participate:
			  ○ In-Person
			  ○ Telehealth (Video)
			  ○ Phone
			• Note: Only RN with Masters in Psych Nursing can finalize Assessment.

6	**Treatment Plan**	• MD/NP use codes 15 (if client is present) or 17 (if client is not present). Only use code 6 if your service does not have anything to do with your prescribing.	• Client does not have to be present.
			• If present, client may participate:
			  ○ In-Person
			  ○ Telehealth (Video)
			  ○ Phone

14	**MD/NP Initial Assessment or urgent care before treatment plan is completed**	• Client MUST participate:
		  ○ In-Person,
		  ○ Telehealth (Video), or
		  ○ Phone
		• Use any time an MD/NP is assigned a new case (new to that MD/NP, including transferred cases) and is conducting their initial assessment/evaluation.
		• Use as many times as necessary for Med Support before Assessment/Treatment Plan complete.
		• Not used for injection.
		• *Can also be used prior to the completion of the Assessment/Treatment plan when the service is an urgent need AND the client is present/participating in-person, over the phone, or via videoconferencing. Document urgent need in a progress note.*
			• Don't use this code.

Code	Code Description	MD/NP	RN

15	**Medication Support** (non-urgent/non-emergency)	• Client MUST participate:
		  ○ In-Person, or
		  ○ Telehealth (Video)
		• Use for follow-up med support after Assessment/Treatment Plan is complete.
		• Can be used for
		  ○ re-evaluation of medication needs.
		  ○ obtaining informed consent for medication.
		  ○ prescribing or administering medication.
		  ○ medication education (risks, benefits, alternatives) with client or significant support person.
			• Client does not have to be present.
			• If present, client may participate:
			  ○ In-Person
			  ○ Telehealth (Video)
			  ○ Phone
			• Use for follow-up med support after Assessment/Treatment Plan is complete.

15U	**Medication Support Urgent** (before treatment plan is completed)	Don't use this code. Use code 14 if urgent medication support is needed prior to the completion of the Assessment/Treatment Plan.	• Client does not have to be present.
			• If present, client may participate:
			  ○ In-Person
			  ○ Telehealth
			  ○ Phone
			• Urgent Medication Support before Assessment/ Treatment Plan is completed.
			
			• Urgent need is determined by the MD/NP – RN must document MD/NP determined urgent need in progress note.

17	**Medication Support MD/NP Non-Face-to-Face** (that are NOT 55)
	***non-urgent**
		• Use if client is:
		  ○ NOT present/participating OR
		  ○ if client is participating over the phone. Do not use this code for face-to-face (in-person or Telehealth/Video) client contact.
		• Use for follow-up med support after Assessment/ Treatment Plan is complete.
		• May be used prior to the completion of the Assessment/Treatment plan when the service is an urgent
			• Don't use this code.

Code	Code Description	MD/NP	RN
		need AND the client is NOT present/participating. Document urgent need in progress note • Filling out clinical reports, reviewing chart. • Consultations with providers, case conferences. • Phone calls to pharmacy. • Plan Development when the client is not present.	
16	**Medication Injection**	• Administration of medication by injection after Assessment/Treatment Plan is complete. • *Can be used prior to the completion of Assessment/Treatment Plan when the service if urgent need is determined by MD/NP and this urgent need is documented in a progress note.* • *Special Progress note is utilized – Medication Administration Record*	• Administration of medication by injection after Assessment/Treatment Plan is complete • *Can be used prior to the completion of Assessment/Treatment Plan when the service if urgent need is determined by MD/NP and this urgent need is documented in a progress note.* • *Special Progress note is utilized – Medication Administration Record*
19	**Risperdal or Invega Injection *Injection of Risperdal (Consta or Invega Sustenna)**	• Administration of medication by injection after Assessment/Treatment Plan is complete. • *Can be used prior to the completion of Assessment/Treatment Plan when the service if urgent need is determined by MD/NP and this urgent need is documented in a progress note.* • *Special Progress note is utilized – Medication Administration Record*	• Administration of medication by injection after Assessment/Treatment Plan is complete. • *Can be used prior to the completion of Assessment/Treatment Plan when the service if urgent need is determined by MD/NP and this urgent need is documented in a progress note.* • *Special Progress note is utilized – Medication Administration Record*

Physician Initial Note (PIN Progress Note) versus Initial Assessment (Assessment type Physician Initial Assessment)

How to determine if you need to complete a PIN Progress Note or an Initial Assessment form in Avatar:

Question	Answer
What counts as a completed Medi-Cal assessment? Does a PIN progress note count?	The formal Medi-Cal assessment forms are: • **Youth or Adult Initial Assessment v2** • **Youth or Adult Reassessment v2** A PIN progress note is **not** considered a formal Medi-Cal assessment. For an initial physician assessment/evaluation to count as the formal Medi-Cal assessment, it must be documented in one of the formal Medi-Cal assessment forms listed above.
Who is responsible for completing the formal Medi-Cal Assessment?	In most programs, the clinician is responsible for completing the Medi-Cal Assessment, but there are some programs under which the MD/NP is the one responsible for completing the formal Medi-Cal Assessment. • For programs in which the clinician completes the formal Medi-Cal assessment, the MD/NP may complete their own assessment in a progress note which is completed in the "Progress Note with Face to Face" that they call the Physicians Initial Note (PIN), or they may use the Initial Assessment (type PIN), or reassessment. This supplemental PIN would be in addition to the formal Medi-Cal assessment that is completed by the clinician. This progress note/assessment includes their medication evaluation and is part of their prescribing practices. • If the MD is responsible for completing the formal Medi-Cal Assessment, then they need to document their assessment in the "**Youth or Adult Initial Assessment v2" or the "Youth or Adult Reassessment v2.** A PIN progress note does not count as a formal Medi-Cal Assessment.

Timelines: Physician Initial Note (PIN Progress Note) versus Initial Assessment (Assessment type Physician Initial Assessment)

When to complete assessments/reassessments for returning clients:

<table>
<tr><th>Timeframe</th><th>What to do</th></tr>
<tr><td>0 days - 45 days</td><td>You may treat the client as if they never left and resume services in the most recent episode by backing out the discharge date. (Note: if you determine that the client will be opened to a new episode, a new treatment plan is required). Ask your program admin to help you with backing out the discharge date.</td></tr>
<tr><td>If the client was discharged and returned to services between 45 days – 360 days.</td><td>A reassessment is required. This reassessment may be done in the form of a <u>complete</u> full initial assessment, full reassessment, reassessment update (does not restart the timeline), or a progress note (does not restart the timeline), depending on the situation. The clinical team has some flexibly here to determine how much has changed and the level of reassessment needed.

Regarding PINs:
If there is a current and valid Medi-Cal Assessment in place, the Physical Initial Progress Note (PIN) – which is completed in the “Progress Note with Face to Face” in Avatar – should at least be reviewed and the MD/NP should write a progress note stating they reviewed the previous Physicians PIN progress note and document if there are any changes, in their progress note.
If there is no current and valid Medi-Cal Assessment in place, then the treatment team should determine who will complete the formal reassessment. If the clinician will be completing the formal Medi-Cal Assessment, then MD/NP should complete a PIN note to document their reassessment. Otherwise, the MD/NP should complete the formal Medi-Cal Assessment.</td></tr>
<tr><td>If the client has been discharged for 360+ days.</td><td>If a client is discharged and reopened after 360 days (1 year): The treatment team should complete a Full Initial Assessment. The information from the previous assessment may be pulled into the new assessment, then update the information as needed.

If the client is going to be evaluated by the physician, a PIN progress note/assessment is required. Whether or not a PIN progress note is sufficient depends on if there is also a current and valid Medi-Cal Assessment in place.</td></tr>
<tr><td>Append Assessment</td><td>If there is a completed “Youth or Adult Initial Assessment v2” or “Youth or Adult Reassessment v2” and a few missing details need to be added, you may append the assessment using the Youth or Adult Assessment Addendum.</td></tr>
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