SANTA CRUZ COUNTY QI GUIDANCE – MHP & DMC-ODS
Claiming for Consolidating & Synthesizing Clinical Information

Claiming for Assessment Activities when Member is not Present

The implementation of CalAIM Payment Reform by the Department of Health Care Services (DHCS) has significantly changed what services providers may claim as direct service. DHCS has published additional guidance, clarifying additional claimable assessment activities for LPHA staff, including synthesizing information to make treatment recommendations and formulate a diagnosis ***when the member is not present***. As a result of this updated guidance, service codes 90791& 90885 may now be utilized to include time for consolidating and synthesizing client data, giving LPHAs increased billing opportunities for more comprehensive evaluations.

> *"If consolidating and synthesizing clinical information which is a part of the member's medical record to make recommendations for treatment or to make a medical diagnosis, then the activity would count as service time and is claimable even in the event the member is not present*
> *(DHCS Cal Aim Payment Reform Frequently Asked Questions 9/10/24)"*

Service providers may now capture time spent on completing assessment activities, even when the member is not present, in "direct service time" if the provider's assessment activity is related to consolidating and synthesizing clinical information which is a part of the member's medical record to complete the assessment, make recommendations for treatment or to make a medical diagnosis.

Consolidating: combining pieces of information into a single more effective or coherent whole.
Synthesizing: combining information from multiple sources to create a cohesive idea.

Consolidating and synthesizing information helps a provider connect and interpret information from multiple sources to inform their assessment, treatment plan or diagnosis. These activities involve gathering and reviewing information to create a cohesive story or idea and assist with case formulation. For example, a clinician may review the notes from the initial interview with a client, as well as the CANS or ANSA results, meetings with the client's parents, caregivers or support people and previous treatment notes to develop clinical impressions, diagnosis and an effective treatment plan. This can occur without the client present and be billed to the State utilizing an assessment code.

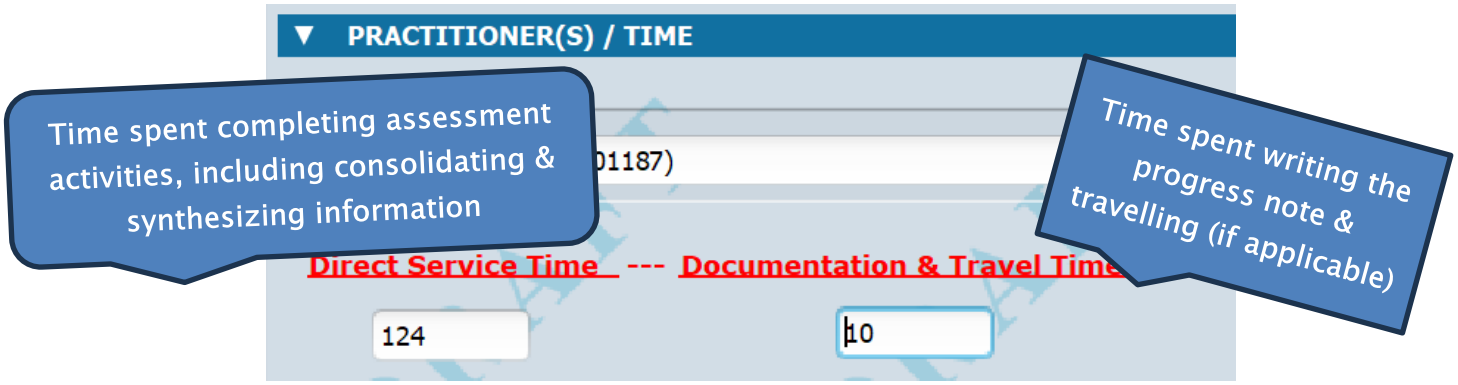
Applicable Staff – Who may bill for Consolidation & Synthesis?

LPHA staff only may bill for these activities, including: LCSW, ASW, LMFT, AMFT, LPCC, APCC, Psychologist (PhD / PsyD), Psychologist Associate, MD/DO, NP, PA, Clinical Trainees & MD / DO Clerks

Service Codes where staff may include time spent consolidating and synthesizing: **90885 & 90791**

Appropriate Use / When to Claim Direct Service Time

When to Claim Direct Service Time for Assessment Activities:	When NOT to Claim Direct Service Time for Consolidating & Synthesizing:
• Collecting and gathering current information & history with the client; gathering information from caregiver / significant support people to inform the assessment. *(see service code grids for more details)* • Consolidating and synthesizing information, with or without the client present, to inform the assessment or formulate treatment recommendations and/or diagnosis.	• For time spent writing the assessment progress note if no client is present. • Transcription of information from one location to another (example = typing provider's hand-written notes).



Progress Note Examples

When claiming for time spent consolidating and synthesizing information, to ensure clarity and claim accuracy, progress notes should explicitly use the phrase "consolidating and synthesizing".

MHP Example:

Service Code: Psychiatric Diagnostic Evaluation – 90791 (minimum time = 31 minutes)

Time includes consolidation and synthesis of clinically relevant assessment information to establish medical necessity criteria for Specialty Mental Health Services, formulate diagnostic impression and make treatment recommendations. The client meets criteria for services based on *"X"* diagnosis and will be offered medication support and case management services. The plan is to call client to schedule psychiatric appointment and refer internally for case management services.

DMC-ODS Example:

Service Code: Psychiatric Evaluation of Medical Records – 90791 (minimum time = 31 minutes)

Time includes consolidation and synthesis of clinically relevant assessment information to confirm medical necessity for *"Intensive Outpatient"* services, formulate diagnostic impression and make treatment recommendations. The client meets criteria for *"Intensive Outpatient"* services based on review of ASAM and diagnosis of *"X."* Care coordination is clinically indicated.

Key Points

Key Points for Clinicians	Details
Billing	Time spent consolidating and synthesizing client data can now be billed, even if the client is not present.
Direct Service Considerations	This analytic time qualifies as direct service and should be billed under assessment codes 90791 or 90885 by an LPHA
Documentation Time	Writing notes after analysis is separate from direct service and must be recorded as documentation time.
Required Progress Note Language	The phrase "consolidation and synthesis" must be included in progress notes to justify the service.