Santa Cruz County Behavioral Health Quality Improvement Fee for Service FAQ Version 2 For DMC-ODS Plan 8.4.2023		
Category	**Question**	**Answer**
Add-on codes	Do I have to add the Prolonged Office Visit Add-On code more than once if you are adding more than 30-minutes? How much time do you include?	**No; the Add-On code is to be entered only once, Avatar will do the rest for you**. Please include the total time you provided the direct service, minus the time already entered for the primary code. Ex: Example, session was 52 minutes: M90791 = 15 minutes. Add-on code MG2212 = 37 minutes.
Add-on codes	Can you provide more information about Interactive Complexity?	**Interactive Complexity is a secondary "add on" code that can only be used with a specific set of primary codes (see add-on code grid for primary service codes interactive complexity may be used with)**. There is not a specific set of circumstances when interactive complexity should be used, rather, this code is used when your session/interaction/service involved: • **difficulty communicating with the client *and/or*** • **information during the session is shared that necessitates a mandated report or hospitalization of the client.** **You do not have to justify the use of the code in your documentation, your note should reflect what was occurring that made the communication difficult in the session or necessitated a report/evaluation. Another person reading your note should be able to understand that the session was complex. Some scenario examples of interactive complexity**: • Psychotherapy for an older elementary school-aged child accompanied by divorced parents, reporting declining grades, temper outbursts, and bedtime difficulties. Parents are extremely anxious and repeatedly ask questions about the treatment process. Each parent continually challenges the other's observations of the patient. • During the course of the current visit, the patient discloses information that clearly indicates she is now severely depressed and distraught. The patient expresses suicidal ideation with an imminent plan. The provider conducts a risk assessment and then takes steps to hospitalize the patient. - An LPHA is conducting an assessment as a part of intake for SUD treatment. The assessment is complicated by the client's presentation of being under the influence of a stimulant and stress resulting from needing a letter indicating treatment compliance before his court date later that day. The client has rapid speech and paces the entire session in a small room.
Add-on codes	Can you provide guides for Add-On service codes?	Yes! The QI Team created a "Cheat Sheet" for Service Code Add-On codes. The cheat sheet went out with this FAQ via email and can be found on the BH CalAIM website.

Add-on codes	When a provider selects the "Interactive Complexity" code, do they have to explain in the note why the session was complex?	**While the Progress Note narrative should capture the interaction with the client, it does not have to specifically spell out the reason for the interactive complexity.** Someone else reading the note should be able to understand the session was complex.
Add-on codes	Prolonged office visit: What if the session was outside of the office, can I still use **MG2212**?	**Any location that is appropriate for the primary service is appropriate for MG2212 Prolonged Office Vis**it. It does not have to be in the "Office".
Add-on codes	When using an Add-on code, the time does not show in the field/box after the provider saves it. Is that ok?	Yes, it is functioning correctly despite not seeing the minutes.
Add-on codes	Do we need to provide a clinical justification or an increased complexity code if we are routinely meeting with a client for more than an hour?	While the Progress Note should capture the interaction with the client, **specific justification, or complexity for a therapy session over an hour is not required.**
Assessment	What code should AOD counselors & Intake team use for Pre-Admit activities that are non - ASAM before client enters treatment?	The Pre-Admit episode is not yet billable and ***prior non-billable code for screening and referral should continue to be utilized right now***. However, Pre-Admit billing codes have been identified as SUD structured assessment and the care coordination codes. The Pre-Admit billing workflow is currently in the process of being finalized and will include billable codes. Providers will be notified and provided with the updated workflow when providers are able to bill in Pre-Admit.
Assessment	Is there an assessment code for AOD counselors, when they are doing assessment activities that are NOT ASAM / ASAM Brief?	For the time being, **G0396S, SUD structured assessment code can be used by AOD counselors for all SUD assessment activities.** QI will follow up with DHCS and CalMHSA for clarification and will provide an update if there are any changes.
Case conference/team meeting	Can all staff involved in a Case Conference bill?	**Multiple staff may claim for the case consultation, as long as each provider has made a unique contribution and documents their role / unique contribution to the activity**. The service code used depends on the intervention provided. For further details see SCBH CalAIM webpage. Of note: Child and Family Team meeting attendance uses service code KT1017 and may be claimed by all providers who attend.

Case conference/team meeting	Can a **DMC-ODS** provider bill for attendance at a **MH** CFT meeting?	A DMC-ODS provider would only be able to bill **if they provided a service during the CFT meeting such as T1017 (TCM) Care Coordination or Community Wrap AH2012 for coordinating care with a provider ***outside*** of the DMC-ODS Network.** *To clarify a provider would ***not*** be able to bill simply because they attended the CFT meeting.
Documentation	As we are still required to include the time in the body / narrative of the progress note for documentation and travel time (DMC-ODS only)? Do we still write "drive time included" or "documentation and travel time included" in the body / narrative of the progress note (both DMC-ODS & MHP)?	**Providers are no longer required to include any information regarding documentation and travel time in the BODY / NARRATIVE of the progress note. DO include documentation & travel time in the "documentation & travel time" field in the avatar progress note**. No, providers should no longer write "drive time included" or "documentation and travel time included" in the body / narrative of the progress note
Documentation	How do I document if I provided two different services in the same meeting with my client?	First, use your clinical judgement to determine how can you best represent the service you provided to the client. If you aren't sure, consult with your supervisor. If you cannot decide in consultation with your supervisor, contact the QI team (askQI@santacruzcounty.us). Keep in mind one purpose of the medical record is to provide information about the service to others providing care to the client. NOTE: *It is permissible to:* • **Document the services in two different notes**, utilizing two different service codes (examples: Crisis Intervention and Psychosocial Rehabilitation (MHP), or SUD Crisis Intervention & Individual Counseling (DMC-ODS) OR • **Combine two services in one note** (examples: Psychosocial Rehab & Targeted Case Management (MHP), or Individual Counseling & Care Coordination (DMC-ODS).
Documentation	Can a provider bill for writing up the Psychosocial Assessment or the Problem List in Avatar?	**No, if you are not with a client / family / support person, but rather sitting alone at your computer entering previously obtained information into Avatar, you cannot bill for that time**. To "capture" this time, you can either: • Include the time as "Documentation" time in the Progress Note for the service where you met with the client / family / support person to gather the information OR • Write a second note using M001 to document this activity

Location code	If I am traveling with my client, and provide a service, can I bill for this service, and how do I document my interventions?	If you are providing an intervention in the car, you may claim for the time that you provided a service / intervention. Document your interventions, and the service provided as you would for a service provided in the office. **The Location Code to utilize = Non-traditional location.**
Service code selection	When is it appropriate to use code **90885** (Psych Eval of Medical Records and Tests)? Is it ok for the LPHA to use this code when reviewing **non-medical** records?	**Yes, you may use this code for review of non-medical records if the purpose is to diagnose and/or establish medical necessity.** An LPHA, may utilize code 90885 when they are conducting a review of the records for diagnostic purposes and/or to establish medical necessity. The client does NOT have to be present. In DMC-ODS, this could also be utilized when an MD/NP/PA is documenting medical review.
Service code selection	What code should an LPHA utilize when completing a Medical Necessity review?	If doing a medical necessity review face to face with the client use: **A90791 Psychiatric Diagnostic Evaluation.** If reviewing records for diagnostic purposes and determining medical necessity use: A90885 Pych Eval of Med Records and Tests.
TCM/Care Coordination	Billing Targeted case management with a collateral contact	See SCBH QI FAQ #1 on SCBH CalAIM webpage. **Select Code MT1017 Targeted Case Management (MHP) or AT1017 Care Coordination (DMC-ODC) and document that the service was provided with a collateral contact in the body of the note.** Time for this activity is entered in the "direct service time" field of the progress note and can be done on the phone, telehealth, or in-person