

Santa Cruz County Behavioral Health Quality Improvement
Fee for Service FAQ Version 3
MHP 10.13.2023

<u>Category</u>	<u>Question</u>	<u>Answer</u>
Lockout location - Billing in lock out location	Have lockout locations changed? How do I document for services provided in a lockout location?	No, the actual lockout locations have not changed. The way providers document services provided in a lockout location <i>*has*</i> changed; when a client is in a lockout location, providers will now use the Progress Note Location Code to indicate to Avatar that the services in not billable.
Lockout location - Billing TCM in inpatient setting	When can I bill TCM if my client is in an inpatient psychiatric hospital?	Providers may bill for discharge planning activities that are provided 30 days prior to discharge. <i>*This is no longer restricted to placement planning only.</i>
Lockout location - Billing for discharge activities	What are acceptable discharge planning activities when a person is in a psychiatric hospital?	Any targeted case management work that is being done that relates to creating or acting on a discharge plan is acceptable. The service should be related to steps taken to support transitioning client out of inpatient setting.
Service Code - H2021 Community Wrap Around Code	When can the code H2021, Community Wrap Around be used in the MHP?	Additional clarification has been received from DHCS regarding this code. Providers may use this code when providing coordination of care with providers who are outside the Specialty MH system (example, referral to the Managed Care Plan or DMC-ODS). In addition, this code can be utilized when a provider is supporting <i>one-time linkage</i> that will not require monitoring, to a provider outside Specialty MH (Example: dentist). <i>NOTE: This code is not to be used solely to get out of the TCM Care Plan requirement :)</i>
Service Codes - for Certified Peer Specialists	What codes should a Certified Peer Specialist use?	Counties want to correctly track peer activities, so the use of the correct peer specialist codes is important. Even if the service could meet standards for a different code as well, all certified peer activates fall into these two codes: MH0025 Skill building groups: Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior. MH0038 Peer Service: Engagement; therapeutic activity Self-Help/Peer Services.

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<p>Service Code - MH0032 Service Plan Developed by Non-Physician</p>	<p>Can a provider bill with code MH0032 without client or significant support person present?</p>	<p>No. Providers must have the client and/or significant support person or other professionals present to bill MH0032 MH Svc Plan by Non-Physician. <u>When to bill MH0032 MH Svc Plan by Non-Physician:</u></p> <ul style="list-style-type: none"> • Reviewing the problem list with the client and/or significant support person or other professionals present (select progress note type “problem list update/review”) • CANSA scores are shared directly with the client and/or significant support person or other professionals to determine what needs and strengths the client is endorsing to inform treatment • Writing a client’s care plan and/or discharge plan with the client and/or significant support person present
<p>Documenting - Two service types in one encounter</p>	<p>How do I document if I provide a service that involves more than one service activity type within the same session (ex Individual counseling & care coordination)?</p>	<p>First, utilize clinical judgement and consult with immediate supervisor regarding most appropriate service code(s) to utilize for that specific session. *If any part of your service involves a crisis, document that service by itself so the note & information can be found in the chart easily. <i>Crisis notes need to be done within 24 hours.</i></p> <p>Considerations when making clinical decisions around what service code(s) to utilize include:</p> <ul style="list-style-type: none"> -initial purpose of the session, -services provided (do they support service code and purpose of session?), -if multiple different services were provided within one session how much time was spent doing each service code? -is there a max # of billable units for service code? <p>Examples: If the majority of your session was spent doing targeted case management activities, at the end you did a little bit of individual rehabilitation counseling, this could be documented in one note. If half of your session was spent doing TCM activities and half on individual counseling, it may be more appropriate to document in two separate notes as there are two separate distinct services provided.</p>
<p>Documenting - Services without client present or without significant support person present</p>	<p>What service codes can be utilized when the client and/or person receiving services on behalf of the client is not present?</p>	<p>MHP = 90885 - Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/ or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes H0034 - Medication Training and Support (Front St med support staff ONLY) All other service codes involve either client/ family or support person)</p>