

Santa Cruz County Behavioral Health Quality Improvement
Fee for Service FAQ Version 2
For MHP Plan 8.4.2023

<u>Category</u>	<u>Question</u>	<u>Answer</u>
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 Visit. 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.
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.

<p>Add-on codes</p>	<p>Can you provide more information about Interactive Complexity?</p>	<p>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:</p> <ul style="list-style-type: none"> • difficulty communicating with the client and/or • information during the session is shared that necessitates a mandated report or hospitalization of the client. <p>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.</p> <p>Some scenario examples of interactive complexity:</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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. • (DMD-ODS example): 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.
<p>Add-on codes</p>	<p>Can you provide guides for Add-On service codes?</p>	<p>Yes! The QI Team created a “Cheat Sheet” for Service Code Add-On codes.</p>
<p>Add-on codes</p>	<p>Should this code be used when clinicians use play therapy, as play therapy is often non-verbal?</p>	<p>If the reason for play therapy is to address communication difficulties such as non-verbal communication, M90785 Interactive Complexity would be an appropriate add-on code.</p>

Assessment	What billing code would a mental health clinician (LPHA & non-licensed staff) use when conducting an ASAM assessment?	When a mental health LPHA is completing an ASAM assessment, and the client is in an outpatient setting (not jail), the LPHA should use code M90791 Psychiatric Diagnostic Evaluation . If reviewing records for diagnostic purposes and determining medical necessity use: A90885 Pych Eval of Med Records and Tests
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 <i>not</i> be able to bill simply because they attended the CFT meeting.
Case conference/team meeting	Can providers bill for MDT meetings when discussing a client's care and/or treatment?	Yes. If the provider attending the meeting with others (Sheriff, other MH providers, school staff, etc.) has an active part in coordinating care, making a plan for treatment, discussing progress to update / change plan of care that may need adjustment, etc., their time spent coordinating with others in this meeting can be billable. This situation fits the use of code MH2021 Community Based wrap around services , and can be used by all disciplines. This code is to be used when coordinating care with other agencies. This code was designated to encourage coordination between divisions.
Collateral	Billing Targeted case management with a collateral contact	See BH CalAIM Webpage for guidance documents. 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.

<p>Crisis</p>	<p>When responding to a client in crisis, can more than one staff bill for responding to the crisis? Does each person write a separate note hence bill separately?</p>	<p>Yes, if each provider is serving a different clinical need and providing non-duplicative interventions, each staff should bill for their time. EX: MH Liaison responds to call with officer and the client’s care coordinator also responds to the crisis. If the MH Liaison & care coordinator are each providing different interventions to support a resolution to the crisis, both staff can bill. When writing crisis notes, when two separate providers (or more) are involved, each provider should write a separate note that includes the specific interventions/support each person provided and bill separately. The providers should have unique notes based on their discipline, interventions to specific contacts, etc.</p>
<p>Documentation</p>	<p>How do I document if I provided two different services in the same meeting with my client?</p>	<p>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:</p> <ul style="list-style-type: none"> • 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).
<p>Documentation</p>	<p>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)?</p>	<p>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</p>

Documentation	Can a provider bill for writing up the Psychosocial Assessment or the Problem List in Avatar?	<p>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:</p> <ul style="list-style-type: none"> • 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 provide a mental health service to a client that cannot be billed because of a lockout location, what location code do I choose?	There are two location codes providers can choose from in this circumstance, Psychiatric Health Facility or Jail -choose whichever most closely matches the situation.
Service code selection	What location code should I choose if I provide a service to a client who in in the Emergency Room at Dominican Hospital or Watsonville Hospital?	<p>The location code to use is Urgent Care Facility. It is important that you do not choose Inpatient Psychiatric Facility as this is a lock out location code.</p>
Service code selection	Can an LPHA use the non-LPHA equivalent code instead for ease of use? Examples: 1) MH2017 Psychosocial Rehabilitation rather than M90832S Psychotherapy. 2) MH2011 Crisis Intervention instead of M90839 Psychotherapy for Crisis	<p>LPHA’s should use the LPHA codes such as M90832S and M90839. Staff should code their services at the top of their scope. This demonstrates that our system is providing these needed services. It also allows DHCS to analyze services provided across the state to evaluate service needs of Beneficiaries. Even though some codes may be more complex to document, in the long run, it is advantageous for us to show that we are providing these services.</p>
Service code selection	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	Is educating caregivers / support people about a client's MH needs and symptoms fall under Psychosocial Rehab or is there a different Psychoeducation code?	Yes, this would be MH2017 Psychosocial Rehabilitation. There is not a separate Psychoeducation codes.
Service code selection	Are K codes used for Katie A services that are not IHBS? If I am providing a service to a Katie A client, but the service is not ICC/IHBS, do I use a "M" code or a "K" code?	There are no longer any specific Katie-A codes. The codes that start with "K" are used to identify ICC/IHBS services for any class of client (under the age of 21). If a client is Katie A, but receiving a service that is not ICC/IHBS, please use the "M" code. Ex: Katie A client not receiving IHBS- Therapy service code = M90832S
Service code selection	What code do I use when I screen a client and refer them to Carelon or DMC-ODS	This activity would be MH2021 , which it to be utilized when a provider provides coordination of care between providers in the Specialty Mental Health System and providers who are outside Specialty Mental Health. This code is only used to show that delivery-system coordination of care has occurred.
Without client present	Is code 90846 (Family Psychotherapy without Patient) claimable in the Mental Health Plan? What is the equivalent code for the MHP?	No, 90846 cannot be utilized in the Mental Health Plan. The closest equivalent would be MH2017, which can be claimed without the client present.
Without client present	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?	An LPHA, in both MHP & DMC-ODS, may utilize code 90885 when they are conducting a review of the records for diagnostic purposes and/or to establish medical necessity. Yes, you may use this code for review of non-medical records, if the purpose is to diagnose and/or 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.
Without client present	Can a provider bill for reaching out to resources on behalf of the client when the client is not present?	See SCBH QIFAQ #1 (6/27/2023) on SCBH QI CalAIM webpage. We want to encourage Targeted Case Management (MT1017) services for clients when indicated to assist clients in accessing resources. This service may be provided without the client present. Definition: Targeted Case

Can a case manager bill for transporting a client's belongings / items from one residential facility or location to another?

Management (Case Management/ Brokerage/Linkage) are services that assist a person in care to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure access to service and the service delivery system; monitoring of individual progress.

Moving a client's belongings is not billable.

Remember: Targeted Case Management (TCM) requires a TCM Care Plan prior to or during the first service in the narrative of the note. Use the Progress Note Type "MHP - TCM Care Plan" to mark the progress note that describes TCM goals and activities, participation of the person in care, and the transition plan for when goals are achieved.