Introduction

This additional guidance regarding residential / Withdrawal Management (WM) daily progress note billing is to supplement the previously released (August 2022) CalAIM progress note guidance. The purpose is to clarify billing requirements and thereby reduce billing errors and corrections.

This guidance is for both Mental Health and DMC-ODS Plans and will cover:

- Appropriate Billing Codes for Residential / WM Daily Summary Progress Notes
- Correct minutes for Residential /WM Daily Summary Progress Notes
- Appropriate Time to Utilize a Non-Billable Code
- Billing for Residential Housing (A130 Room and Board); DMC-ODS ONLY

Billing Codes

One **daily summary progress note** must be entered for each date of service using a billable code for the residential/WM treatment program.

EXCEPTION: Day of discharge (discussed below)

Residential Daily Summary Billing Codes:

- Mental Health Plan = M165 (Adult Residential / EDC; Casa Pacific)
 = M141 (Crisis Residential / TELOS)
- DMC-ODS:

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Res 3.1=A1500/A2500 (U21)
Res 3.5= A1110/A2110 (U21)
WM 3.2= A1700/A2700 (U21)
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Note: The above billable codes can *only* be used *once* per day.

If an additional progress note is needed on the same day that the daily summary billable code was already used, the provider must use a <u>non-billable code</u>.

Non-Billable Codes:

- Mental Health Plan = M001 (Non-billable information for the file)
- DMC-ODS:

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All LOC = A001 (Non-billable informational for the file)
Res 3.1 = A1511/A2511(U21) (Non-billable assessment code)
Res 3.5 = A1111/A2111(U21) (Non-billable assessment code)
WM 3.2 = A1711/A2711(U21) (Non-billable assessment code)
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Note for DMC-ODS Providers: Non-billable assessment codes can be used for assessment activities to track those activities apart from the daily summary. Appropriate times to document a non-billable progress note include: initial assessment, medical necessity progress note and ASAM re-assessment.

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Service Duration

Total Service Duration for both DMC-ODS and Mental Health Plan daily summary progress notes is to be entered as 1440 (please see snip below).

Total Service Duration= 1440



Day of Discharge

The daily residential rate for DMC-ODS and the Mental Health Plan cannot be billed on the date of discharge. Other services outside of the daily rate may be billable for a client receiving residential treatment, depending on the Plan (MHP vs. DMC-ODS) and the provider type.

DMC-ODS providers may bill for clinically indicated care coordination for clients receiving residential treatment.

MHP *outpatient* providers may bill for Targeted Case Management and FQHC therapy or psychiatry services for clients receiving residential treatment.

Note: For both DMC-ODS & Mental Health Plan, other progress notes entered on the date of discharge need to be entered using a *non-billable informational for the file* service code.

A130: Room & Board Residential Housing Billing (DMC-ODS ONLY)

Billing for Residential Housing (Room & Board, A130) is to be entered for each day the room and board is to be paid by the SUDS County contract. A130 Residential Housing (Room & Board) is a separate / distinct code and is to be entered in addition to the daily residential billing code. For additional information, refer to the memo dated August 25, 2022 from Lisa Todd, Sr. Departmental Administrative Analyst (lisa.todd@santacruzcounty.us).

Resources and Additional Information

For additional information please refer to the following resources:

- QI Guidance DMC-ODS Progress Note 8 29 22.pdf (santacruzhealth.org)
- QI Guidance MHP Progress Note 8 29 22.pdf (santacruzhealth.org)
- CalAIM (santacruzhealth.org)
- Clarified Requirement for Entering Room & Board in Avatar Memo (8/25/22)

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