Progress Notes & Service Codes Training

Presented by Quality Management

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Standard Service Codes/Progress Notes

- 93010  Assessment
- 94000  Rehabilitation
- 94510  Case Management Brokerage /Targeted Case Management
- 95010  Collateral
- 95510  Crisis Intervention
- 96510  Group Therapy
- 96520  Group Session
- 97010  Individual Therapy
- 97500  Medication Support
- 97530  Group Session Medication
- 98500  Plan Development
MHSA Service Codes/Progress Notes

- 28045  Client Services & Support
- 28047  Family/Caregiver Serv. & Support
- 28048  Benefits Acquisition
- 28500  Ind. Traditional Healing Practices
- 28051  Group Traditional Healing Practices
Documentation only

- 90500  Client No Show
- 90501  Cancellation
- 20500  Client Community Contact
- ENG01  Engagement
11111 Client Non-Billable Activity:

Service activities that are not billable to Medi-Cal or other funding sources; Activities that are solely administrative

Examples:
- Travel time associated with a home-visit or field activity that results in a client no-show; or there is no contact and no other service code applies
- Completing a form where no review of case or billable activity occurs
- Time associated with administrative activities such as appointment scheduling, faxing, filing, or leaving voicemails
- Providing interpretation services for a client
- Researching a topic or developing a curriculum in preparation for a client or group service
PROGRESS NOTES
OVERVIEW
Progress Note Elements

- Key topics discussed in the session
- Current symptoms and behaviors, including clinical findings and interpretations
- Accommodate language and explore culture and ethnicity
- Describe how interventions are addressing the client’s mental health condition
Progress Note Elements (Cont’d)

- Note should document link between services and Client/treatment plan
- Progress made toward achieving treatment goals, including strengths and challenges
- Always assess for risks and document actions taken to ensure safety
- Balance writing concise note with required elements
- Be aware of legal issues: i.e. client/caregiver inspection of record
Service Codes
Service Codes

- See **Service Code Definitions/Training Guide** for master list of codes, definitions, and progress note examples.

- Providers are responsible for accurately entering services into Avatar, in accordance with contractually specified services and codes.

- Consult your supervisor, Quality Management and/or contract monitor for clarification.
Service Codes – Cont.

Changes and new Service Codes:

- Katie A. services
  - KTA1: Intensive Care Coordination
  - KTA2: In-Home Behavioral Services

- Interactive Complexity
  - Will require specifier codes for certain services

- Location specific codes (i.e. Collateral-phone; Assessment-Field)
Assessment Code 93010

- Evaluate current status of behavioral health and level of functioning
- Assess for medical necessity; includes/not limited to mental status exam, clinical and diagnostic history, etc.
- Accommodate for language and culture
- Used to complete Core Assessment (ACP/ACA/ R&R), Health Questionnaires and supports development of the client plan
- Use of Testing Procedures
- EBP and Supplemental Assessments
Plan Development 98500

- Service activity involving development and implementation of a plan or intervention (including written Safety Plans)

- Completion or Update of the Client Plan

- The progress note must clearly document steps for a planned intervention and follow-up
Service to a significant support person for specific purpose of helping the client meet mental health goals identified on the treatment plan.

The client may or may not be present for service.

The significant support person should be included in the Plan or Client Resources

Note: Medi-Cal will NOT reimburse for services that address the support person’s mental health issues.
Psychotherapeutic intervention to improve symptoms, increase level of functioning, and support developmental progress

Guided by the Client plan

Only an LPHA, or a graduate student trainee under the supervision of an LPHA, may provide individual therapy

Notes must include interventions, activities, and actions that support Therapy service

Should not include “process note” content or therapist’s personal notes (different legal protections around privilege, release/info)
Services that assist a client to improve, restore or maintain:
- Functional skills
- Daily living skills
- Social skills
- Grooming and personal hygiene skills
- Meal preparation skills

Notes should reflect interventions, progress and response to skill training
Group Therapy 96510 vs. Group Session 96520

**Group Sessions** are Rehabilitative or skill building groups provided by licensed and unlicensed staff.

**Group Therapy** provides a clinical approach to topics such as Depression and Anxiety and are provided by licensed or licensed waived staff.
Group Progress Notes

A group note should include:

- Type/Title of group
- Goal/Focus of today’s group
- Client’s receptivity or response in group
- If co-facilitated, each staff member’s role must be documented as distinct, unduplicated and necessary

(In order to count as a “group” at least 2 clients for “one staff” is needed)
Medication Support
97500 / 97530

- Only MDs, RNs, LVNs, and PTs
- Activities include evaluation of need for medication, including MSE
- Evaluation of clinical effectiveness and side effects of medications
- Obtaining informed consent
- Medication education
- Plan development related to delivery of service
- Prescribing, dispensing, and administering of psychiatric medications
- Can be face-to-face or by phone
Case Management/Brokerage
94510
When to Bill Case Management Brokerage?

**Linkage to:**
- Primary Healthcare Services
- Other Mental Health Services
- Non Mental Health Services

- Co-staffing for inter/intra agency purposes must be non-supervisory, non-duplicative, with meaningful planning and implementation
- Specific to discharge placement planning within 30 days of psychiatric hospital discharge
Psychiatric Hospital & Targeted Case Management

Solely for purpose of coordinating placement at time of discharge from hospital, psychiatric health facility or psychiatric nursing facility “may be provided during 30 calendar days immediately prior to the day of discharge, for a maximum of three non-consecutives periods of 30 calendar days or less per continuous stay in the facility”.

22
Crisis Intervention 95510
When to Bill for Crisis Intervention

- For unplanned events that require immediate risk assessment and response to alleviate problems which, if untreated, present an imminent threat to the client or others
- When immediate response is needed to help the client stabilize and maintain in a community setting
- For development of safety plan for current and future circumstances
More Crisis Billing

- Services are typically face-to-face with client, however may also be by telephone with client or significant support person
- Services may be provided anywhere in the community
- May require multiple service activities, under the umbrella of crisis to bring the situation to resolution
- Crisis billing must stop once the crisis is resolved, however it may be appropriate to bill another service activity if continued services are provided
Document non-reimbursable services but do not bill.

Examples:

- No Shows
- Supervision
- Transportation
- Administrative Activity
No-Show and Cancellations are not billable, however...

Billing is allowed if a reimbursable mental health service was provided in relation to the No-Show/Cancellation
Supervision – non-billable

Consultation – billable

- **Supervision**: Time providing supervision to staff/students for the purpose of:
  - Obtaining BBS required clinical hours, and/or
  - Monitoring/managing a clinician’s learning curve.

- **Consultation**: Inter/Intra agency communication and coordination with an experienced professional for the purpose of improving treatment and planning interventions.
Transportation – non-billable

VS.

Travel Time – billable

- **Transportation**: Physically taking clients from one place to another.

- **Travel Time**: The time spent traveling to/from a service site where a mental health service was provided.
Administrative Activities
Non-Billable

- Filing
- Faxing
- Scheduling an Appointment
- Leaving/Retrieving a Message
- Reserving and setting up a room or audio/visual equipment for the session
- Studying or researching a topic
Other Non-Billables

- Billing for second staff when the roles appear duplicative, non-essential, or inappropriate for the individual service or group.
- Excessive billing for chart review with no documented product such as updated plan, or concrete outcome resulting from the review.
- Providing mental health services to someone other than the beneficiary
- Providing interpretation services
- Non-Mental Health Services
- Billing during a Lock-Out Situation
CSI Requirements

- Place of Service/Location
- Evidence Based Services (EBP)
- Service Strategies (SS)
Values identify the location where the service was rendered.

A - Office  
B - Field (unspecified)  
C - Correction Facility  
D - Inpatient  
E - Homeless/Emergency Shelter  
F - Faith-based (e.g., church, temple)  
G - Health Care / Primary Care  
H - Home  
I - Age-Specific Community Center  
J - Client’s Job Site  
L - Residential Care – Adults  
M - Mobile Service  
N - Non-Traditional service location  
O - Other Community location  
P - Phone  
R - Residential Care – Children  
S - School  
T - Telehealth  
U - Unknown / Not Reported
Commonly Used Values:

**A = Office (face to face)**
Definition: Services are provided in a location where the mental health professional routinely provides assessments, diagnosis, and mental health treatment on an outpatient basis.

**P = Phone**
Definition: Services are provided by telephone contact with the client, not involving video conferencing.
Commonly Used Values:

**B = Field (unspecified)**
Definition: Services are provided in an unspecified location away from the clinician’s usual place of business.

*Use only when no other code is applicable*

**N = Non-Traditional service location**
Definition: Services are provided in the community *Examples*: park bench, on the street, under a bridge, in an abandoned building, etc.

**O = Other Community location**
Definition: Services are provided in the community. Includes community centers that are not age-specific, non-residential substance-abuse treatment centers etc.
Commonly Used Values:

**E = Homeless / Emergency Shelter**
Definition: Services are provided in a facility specifically designed to provide shelter to the general homeless population.

**H = Home**
Definition: Services are provided at a location, other than a hospital or other facility, where the client receives care in a private residence.

**L = Residential Care – Adults**
Definition: Services are provided in a location supplying 24-hr non-medical care for adults. Includes assisted living facilities for adults such as group homes.

**R = Residential Care – Children**
Definition: Services are provided in a location supplying 24-hr non-medical care for children. Includes Community Treatment Facilities (CTFs) and family foster homes.
Do Not Leave it Blank

U = Unknown / Not Reported
Evidence Based Practices & Service Strategies (EBP/SS)

- EBP are an effective clinical practice supported by extensive literature and data.
- SS are general service descriptions for specific interventions.
- Evidence Based Practices and/or Service Strategies will be reported with every service.
Prior to reporting an EBP, approval by the County that an EBP meets specific standards of fidelity must be granted.

If an agency believes they are utilizing one of these EBPs, please contact your Contract Monitor to begin the approval process.
Evidence Based Practices

EBPs identified for reporting include:

- Assertive Community Treatment
- Supported Housing
- Supported Employment
- Illness Management and Recovery
- Integrated Dual Diagnosis Treatment
- Therapeutic Foster Care
- Multisystemic Therapy
- Functional Family Therapy
- Family Psychoeducation
- Medication Management Approaches in Psychiatry
- New Generation Medications
Service Strategies (SS)
(indicate up to 3)

- Service strategies are defined in general terms.
- State DHCS anticipates variability in how reporting on this data field will be implemented, both within and between counties.
Service Strategies defined by the State Department of Mental Health (DMH) for reporting

Service Strategies:

Peer and/or Family Delivered Services
Psychoeducation
Family Support
Supportive Education

If none of the above service strategies apply indicate “Unknown”
Peer and/or Family Delivered Services

Services and supports provided by clients and family members who have been hired as treatment program staff, or who provide adjunct supportive or administrative services, such as training, information dissemination and referral, support groups and self-help support and empowerment.

Example: Any and all services provided by consumer peers/employees or family members within the Mental Health Plan.
Psycho-education

Services that provide education about:
- Mental health diagnosis and assessment
- Medications
- Services and support planning
- Treatment modalities
- Other information related to mental health services and needs

Example: Some types of Case Management Brokerage (94510) or Medication Support Services (97500) depending on scope of practice.
Services provided to a client’s family member(s) in order to help support the client.

**Example:** Services reimbursable as Collateral (95010) when family members are identified as the significant support person.
Supportive Education

Services that support the client toward achieving **educational goals** with the ultimate aim of productive work and self-support.

**Example:** Mental Health services identified in an Individualized Education Plan (IEP). Crossroads Employment Services.
According to CFR 42 (Code of Federal Regulations) & Title 9 Section 1840.112, it is required that all providers of mental health services verify that every service provided is accurately documented, signed and billed appropriately.

Assessments, progress notes, and client plans are required documentation.
Documentation and Utilization Review Contact

Tiffany Greer, LCSW, MPA  916-875-2077
GreerTi@SacCounty.net

QMInformation@saccounty.net
Problem Resolution Contact

Melody Boyle, LCSW  916-875-6280
BoyleM@SacCounty.net

Member Services:  888-881-4881
916-875-6069
916-876-8853 (TTY)
MHSA Treatment Codes

MHSA Service Codes are used for additional services and supports that are not reimbursable to standard Medi-Cal codes.

Note: You need **supervisor approval** before using MHSA codes.

- Individual Traditional Healing Practices – 28050
- Group Traditional Healing Practices – 28051
- MHSA Family/Caregiver Services and Supports – 28047
- MHSA Client Services – 28045
- MHSA – Benefits Acquisition - 28048
When to Bill for Individual (28050) or Group (28051) Traditional Healing Practices

- A Traditional Healing Practice is one that is commonly utilized within a particular culture
- Traditional Health Service Providers include but are not limited to:
  - Acupuncturist
  - Herbalist
  - Faith Healer
  - Shaman
  - Curandero
  - Religious Leaders
  - Community Elders
- Accompanying a client to a traditional healing session
- Supporting client during a traditional healing session
Mr. Vang has requested to see a Shaman to help him with his depression and chronic physical pain. Picked him up at high daughter’s home and accompanied him to visit the Shaman chosen by he and his family. Provided support and encouragement following the visit. He indicated that he felt better and wants to return to the Shaman next Saturday.

- Vu Yang, MHRS
Sample group traditional healing practices note - 28051

Writer transported the client to a traditional sweat lodge ceremony and processed the client’s experience afterwards. Client reported reduced anxiety during and following the ceremony and thanked writer for supporting her through this experience.

- Mary Hamilton, MHA-II
Assisting in filling out paperwork to obtain benefits (Medi-Cal, Social Security, Senior Discount cards, etc.)

Transporting a client to a benefits office for an interview.

Communication with eligibility workers (i.e. writing letters)
Sample MHSA – benefits acquisition

Note - 28043

Met with client to assist with completion of SSI packet. Drove to SSI office to pick up the packet. Walked client through filling out the form; clarified information needed on forms.

- Andrew Okimoto, MHA-II
When to Bill MHSA Family/Caregiver Services and Supports - 28047

- When a service is provided to address the specific needs of a family member or significant support person rather than the needs of the client.

- Services will not address the client’s mental health plan
Sample MHSA Family/Caregiver services and supports note

Met with client’s daughter (25 years old), Mrs. Smith, for an individual session. Mrs. Smith is overwhelmed by current stressors of taking care of client’s mental health and parenting her autistic child. She is requesting assistance with obtaining parenting classes. Helped her to find a parenting group and to develop a plan to enhance her parenting skills. Practiced parenting skills. Provided hope and encouragement.

-Pamela Arroyo, MHA - III
MHSA Family/Caregiver Services and supports tracking index

- Records for services provided under MHSA Family/Caregiver Services and Supports (28047) should be filed separately from the primary client’s chart.

- Indicate family member/caregiver’s name and relationship on Tracking Index and file or attach to primary client’s chart.
When to Bill MHSA Client Services - 28045

- Provision of a Non-Mental Health Service that impacts a client’s overall quality of life.

- Examples May Include:
  - Legal services (client’s legal needs)
  - Recreational Activities (exercising, dancing, golfing, etc)
  - Socialization Activities (senior oriented activities /events, amusement park, etc)
  - Senior nutrition programs
Client requesting assistance after receiving citation for non-payment of fare at Regional Transit Light rail location. Writer assisted client with transportation to RT administration office and attended hearing with client. Writer assisted client with paperwork needed to complete resolution process. Client will receive response within 10 days and will contact writer if further assistance is needed. Services provided so that client can continue to utilize Light rail services which is his primary source of transportation.

- Steven Atkins, MHRS
Mode 60 Support Services

- Housing and Flexible Supports intended to improve quality of life
  - Housing Support Expenditures
  - Housing Operating Expenditures
  - Flexible Support Expenditures
  - Non Medi-Cal Client Support Expenditures

- Money spent will be noted on the “Mode 60 Tracking Log”
  - 1 Unit = $1
  - Round to the nearest dollar

- If a mode 60 expenditure occurs while providing a service for the client or family, then there must be a corresponding progress note documenting the mental health service provided.
Please complete your evaluation. Thank you. 😊