# PRESCRIBERS CHEAT SHEET ON DOCUMENTATION & CLAIMING

## Specialty Mental Health Services (SMHS)

Part of the Medi-Cal "carve out", services provided by mental health specialists, must be provided through LACDMH to client's who meet Medical Necessity

## Medical Necessity for SMHS

1. Included primary mental health diagnosis (Note: substance use, medical/substance induced, and antisocial personality disorder are NOT included)
2. Impairment(s) as a result of the diagnosis (significant impairment, probability of significant deterioration in life functioning, probability child will not progress developmentally as appropriate)
3. Proposed interventions to address the mental health condition to diminish impairment or prevent deterioration or allow child to progress developmentally as appropriate

*Note for those under 21, must meet #1 above and need SMHS to correct or ameliorate a mental health condition*

## Services Provided Under SMHS

| | |
|---|---|
| **Mental Health Services (MHS)** | Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency (Assessment, Plan Development, Therapy, Rehabilitation, Collateral) |
| **Medication Support Services (MSS)** | Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client's mental health symptoms (Evaluation of Need for Meds, Evaluation of Clinical Effectiveness & Side-Effects, Obtaining Informed Consent, Medication Education, Collateral, Plan Development) |
| **Targeted Case Management (TCM)** | Services to assist a client in accessing needed ancillary resources e.g., medical, alcohol/drug treatment, vocational (Assessment, Plan Development, Referral & Related Activities, Monitoring & Follow-Up) |
| **Crisis Intervention (CI)** | Unplanned and expedited services to address a condition that requires more timely response than a regular appointment in order to assist a client to regain/remain functioning in the community (Assessment, Therapy, Collateral, Referral) |
| **Other Outpatient Services** | Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Therapeutic Behavioral Services (TBS) |
| **Other Day Services** | Day Treatment Intensive (DTI), Day Rehabilitation (DR), Crisis Stabilization, Residential, Inpatient |

## Informed Consent/Treatment Plan

Both Informed Consent and the Treatment Plan are contained in the "Medication Consent and Med Support Services Treatment Plan" (aka the "Combo form")

| | |
|---|---|
| **Informed Consent** | Required when a new medication is prescribed, at least annually even in the absence of medication changes and when the client resumes taking medication following documented withdrawal of consent for treatment |
| **Treatment Plan** | Required prior to initiating treatment services and minimally every 365 days (must include objective to know how treatment is working and client's signature/verbal agreement) |

## Progress Note

Must show what staff did to address the mental health condition to diminish impairment or prevent deterioration

## Medi-Cal SMHS Lockouts

- Services are not reimbursable on days when Psychiatric Inpatient/Residential Services are claimed (except day of admission and day of discharge)
- Services are not reimbursable when client is in Jail
- Maximum of four hours of Medication Support Services per client per day are reimbursable

For an exhaustive list refer to the Organizational Providers Manual

## References

*DMH Policy 401.03: Clinical Documentation for All Payer Sources - https://secure2.compliancebridge.com/lacdmh/public/index.php?fuseaction=print.preview&docID=3068*

*Organizational Providers Manual - http://file.lacounty.gov/SDSInter/dmh/1047808_2018-10OrgManual_1_.pdf*

# PRESCRIBERS CHEAT SHEET ON DOCUMENTATION & CLAIMING

## Initial Medication Evaluation (Office or Other Outpatient)

*Client contact for evaluation of need for medications (client also refers to time with the parent/guardian of client)*

**Client NOT seen in the past 3 years by any Directly Operated MD/NP**

| Medical Decision Making or Total Time (FTF and Other Time) | In Person | Telehealth | Telephone |
|---|---|---|---|
| Straightforward or 15-29 min total time | 99202 | 99202 (GT) | H2010 (SC) |
| Low or 30-44 min total time | 99203 | 99203 (GT) | H2010 (SC) |
| Moderate or 45-59 min total time | 99204 | 99204 (GT) | H2010 (SC) |
| High or 60+ min total time | 99205 | 99205 (GT) | H2010 (SC) |

**Client seen in the past 3 years by a Directly Operated MD/NP**

| Medical Decision Making or Total Time (FTF and Other Time) | In Person | Telehealth | Telephone |
|---|---|---|---|
| Straightforward or 10-19 min total time | 99212 | 99212 (GT) | 99441 (5-10 Min on the phone) |
| Low or 20-29 min total time | 99213 | 99213 (GT) | 99442 (11-20 Min on the phone) |
| Moderate or 30-39 min total time | 99214 | 99214 (GT) | 99443 (21+ Min on the phone) |
| High or 40+ min total time | 99215 | 99215 (GT) | |

## Follow Up Medication Support (Office or Other Outpatient)

*Client contact to evaluate/manage medications (client also refers to time with parent/guardian of client*

| Medical Decision Making or Total Time (FTF and other time) | In Person | Telehealth | Telephone |
|---|---|---|---|
| Straightforward or 10-19 total time | 99212 | 99212 (GT) | 99441 (5-10 Min on the phone) |
| Low or 20-29 min total time | 99213 | 99213 (GT) | 99442 (11-20 Min on the phone) |
| Moderate or 30-39 min total time | 99214 | 99214GT | 99443 (21+ Min on the phone) |
| High or 40+ min total time | 99215 | 99215GT | |

**Other Medication Support – No Client Contact (Stand Alone Activities)**

| Activity | In Person | Telehealth | Telephone |
|---|---|---|---|
| Complete Treatment Authorization Request (TAR) to assist in obtaining meds | H2010HE | H2010GT | H2010SC |
| Collateral Education (speaking to significant supports on how to help client with medication), includes day of admission/discharge to psychiatric facilities | H2010HE | H2010GT | H2010SC |
| No Show – Record Review in preparation of service (may include a Refill) | H0034 | See below* | See below* |
| Team Meetings/Consultations related to client's medication treatment plan | H0034 | H0034GT | H0034SC |
| Consult with hospital doctor when client is receiving inpatient psychiatric care on day of admin or day of discharge | H0034 | H0034GT | H0034SC |
| Consult or collateral education when client is hospitalized (inpatient psychiatric) | 00003 | 00003 | 00003 |
| Talking to pharmacy/insurance to intervene in order to obtaining/stopping/monitoring meds | H2010HE | H2010GT | H2010SC |
| Completing JV220 | H2010HE | See below* | See below* |

*This activity is not done via telehealth/telephone. While the original appointment may have been intended to be completed via, the actual service/activity did not involve a telehealth/telephone component. The procedure code without a modifier should be utilized.

**Targeted Case Management**

| Activity | In Person | Telehealth | Telephone |
|---|---|---|---|
| Writing letters/completing forms to help client get access to a needed service as part of their treatment plan | T1017 | NA | NA |
| SSI Application | 90882 | NA | NA |
| Linkage to outside services (e.g. housing, substance use) | T1017 | T1017GT | T1017SC |

**Mental Health Services**

| Activity | In Person | Telehealth | Telephone |
|---|---|---|---|
| Psychotherapy – 0-15 min Face to Face | H0046 | H0046GT | H0046SC |
| Psychotherapy – 16-37 Min Face to Face | 90832 | 90832GT | NA |
| Psychotherapy – 38-52 Min Face to Face | 90834 | 90834GT | NA |
| Psychotherapy – 53+ Min Face to Face | 90837 | 90837GT | NA |

**Reference**

*Guide to Procedure Codes - http://file.lacounty.gov/SDSInter/dmh/1100446_GuidetoProcedureCodes.pdf*

# PRESCRIBERS CHEAT SHEET ON DOCUMENTATION & CLAIMING

## Initial Medication Evaluation (Client's Home or Board & Care)

*Client contact for evaluation of need for medications (client also refers to time with the parent/guardian of client)*

**Client NOT seen in the past 3 years by any Directly Operated MD/NP**

| Severity of Presenting Problem(s) | Required Components | In Person Client's Home | In Person Board & Care |
|---|---|---|---|
| Low | • problem focused history • problem focused examination • straightforward medical decision making | 99341 | 99324 |
| Moderate | • expanded problem focused history • expanded problem focused exam • medical decision making of low complexity | 99342 | 99325 |
| Moderate to High | • detailed history • detailed examination • medical decision making of moderate complexity | 99343 | 99326 |
| High | • comprehensive history • comprehensive examination • medical decision making of moderate complexity | 99344 | 99327 |
| Unstable or Significant New Problem | • comprehensive history • comprehensive examination • medical decision making of high complexity | 99345 | 99328 |

**Client seen in the past 3 years by a Directly Operated MD/NP**

| Severity of Presenting Problem(s) | Required Components | In Person Client's Home | In Person Board & Care |
|---|---|---|---|
| Minor | • problem focused history • problem focused examination • straightforward medical decision making | 99347 | 99334 |
| Low to Moderate | • expanded problem focused history • expanded problem focused exam • medical decision making of low complexity | 99348 | 99335 |
| Moderate to High | • detailed history • detailed examination • medical decision making of moderate complexity | 99349 | 99336 |
| Moderate to High | • comprehensive history • comprehensive examination • medical decision making of moderate to high complexity | 99350 | 99337 |

## Follow Up Medication Support (Client's Home or Board & Care)

*Client contact to evaluate/manage medications (client also refers to time with parent/guardian of client*

| Severity of Presenting Problem(s) | Required Components | In Person Client's Home | In Person Board & Care |
|---|---|---|---|
| Minor | • problem focused history • problem focused examination • straightforward medical decision making | 99347 | 99334 |
| Low to Moderate | • expanded problem focused history • expanded problem focused exam • medical decision making of low complexity | 99348 | 99335 |
| Moderate to High | • detailed history • detailed examination • medical decision making of moderate complexity | 99349 | 99336 |
| Moderate to High | • comprehensive history • comprehensive examination • medical decision making of moderate to high complexity | 99350 | 99337 |

**Services that are Never Billable**

| | |
|---|---|
| Leaving messages for clients and/or significant support persons | 00000 |
| Writing letters/filling out forms when not in the context of the client's treatment or for the purpose of another entity (e.g. attorney or court) | 00000 |
| Supervision; training purposes (e.g., receiving mentoring from another psychiatrist) | 00000 |
| No Show – No preparation done, write note documenting no show | 00000 |
| Court appearance – record review, testimony, and waiting | 00000 |

**Modifiers**

| | |
|---|---|
| GT | To indicate telemental health services; involves the use of both audio and video telecommunication (ability to see client's face via video) |
| SC | To indicate telephone services |
| HQ | To indicate group services (to distinguish from individual services) |
| HE | May be added to some procedure codes based on DHCS requirements (e.g. H2010HE) |
| HK | To indicate ICC and IHBS services; to indicate client specific COS |

# PRESCRIBERS CHEAT SHEET ON DOCUMENTATION & CLAIMING

## Frequently Asked Questions

**1. What activities can be included in "other" time?**
- ✓ Review of documents in preparation to see the client;
- ✓ Ordering medications or labs;
- ✓ Documentation;
- ✓ Travel time (to the client's location only)
- ✓ Speaking with significant supports

**2. When seeing a parent for E&M, do we include the time in face-to-face (FTF) or Other?**
Yes, time with a parent/guardian should be included as FTF.

**3. What cannot be included in billable time (i.e. FTF or other time)?**
Technical issues with IBHIS or VSEE

**4. What services/activities require a treatment plan?**
Services that are not for the purpose of evaluation or plan development (e.g. follow-up appointments where it has already been decided/agreed upon the course of action, collateral services to assist the client, linkage/referral to ancillary services, psychotherapy)

**5. What services/activities do NOT require a treatment plan?**
Services for the purpose of evaluation and plan development including:
- ✓ Complete Treatment Authorization Request (TAR) to assist in obtaining meds
- ✓ No Show – Record Review in preparation of service (may include a Refill)
- ✓ Team Meetings/Consultations related to client's medication treatment plan
- ✓ Talking to pharmacy / insurance to intervene in order to obtain / stop meds
- ✓ Completing JV220

**6. What if after the assessment, patient declines medications as they are receiving them from the PCP, and just want therapy, do we need to complete med consent and treatment plan even if I am not planning another follow up?**
If it is decided after the initial medication evaluation that the patient will not be provided with medication support services through DMH, then a Med Consent/MSS Treatment Plan is not needed. If you will be providing therapy, there must be a DMH Client Treatment Plan on file.

**7. Which E&M codes do I use when providing street psychiatry?**
The Office/Other Outpatient codes should be used.

**8. Does 99443 (21 min+) have a maximum number of minutes that could be claimed?** No

**9. Can we still use H2010SC instead of 99441-2-3? Any resulting differences?**
No. H2010SC wouldn't be accepted by Medicare and there is a possibility the client will get billed for the service.

**10. How do you bill if you speak to the family member of a patient, and the patient can't join the call? (e.g. an adult with developmental delay)**
If the service provided to the family member is about medication education / collateral, then claim H2010SC. If the service is more about prescribing medication / medication follow-up, then claim using the applicable phone E&M procedure code.

**11. How do I claim if I didn't prescribe yet and I am continuing to discuss the need for medication with the client/family?**
This can be claimed using the applicable Follow-Up procedure code.

**12. Can you bill H2010HE for chart review for an Initial Med Eval if the client does not show?**
The new H0034 procedure code should be used to claim this.

**13. Can we bill for calling the pharmacy to obtain refill history to ensure medication adherence?** Yes

**14. Why is speaking to colleagues billable as plan development (H0034) but supervision/mentorship with another psychiatrist is not?**
The purpose of supervision/mentoring is about the supervisee/mentee obtaining the core training/knowledge necessary to learn and become competent in aspects of their profession. In other words, you are assisting them in acquiring a body of knowledge they are expected or desire to know as a professional within their discipline.

**15. If we go to the client's home for a med appointment & they refuse to see us, how do we capture the travel time?**
We cannot claim for travel time if no service is provided. A service may include speaking with a significant support person.

**16. What code do I use if I have to drive to the clinic to finish a jury duty form and can I include the drive time in the total time?**
Travel time could not be claimed if traveling from one's residence to a provider site.

**17. Can psychiatrists claim for quarterly meetings, service program area meetings, and/or team meetings?**
Psychiatrists would not be able to claim Medi-Cal for quarterly and program area meetings as these types of meetings are more administrative rather than about a specific client. Team meetings may be claimable to Medi-Cal as H2010HE (plan development under Medication Support Services) if it is specifically about the patient's treatment / medication regimen.

**18. Is the conservatorship renewal billable?** No

**19. Is filling out jury duty for a medical exemption billable?** No