



QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

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This section provides monthly critical reminders in relation to CYS documentation standards.

Compliance Q & A: More documentation issues frequently resulting in recoupments.

- In the interest of saving documentation time, is it alright to include two or more different service types into a single progress note?

Answer: NO, you can never bill Medi-Cal for “blended” notes in which different services are being provided to the client and billed to Medi-Cal (e.g., billing for family therapy and case management services in a single note). Mental Health services bill at different rates and so lumping different types of services together in a single progress note will always result in recoupment. When providing multiple service types for a client, you **must** bill each service type separately in order to avoid accidentally over-billing Medi-Cal.

- Is it ever okay to include such services as reviewing a client’s voicemail message or faxing documents as part of any case management service being billed to Medi-Cal?

Answer: NO, you can **never** mix services you are billing to Medi-Cal with those that are not billable in the same service. This frequently comes up when billing for case management services, wherein only those case management services “targeting” the mental health condition are considered reimbursable. Any activities such as leaving or retrieving electronic correspondence (e.g., emails, voicemails), faxing of case materials, or copying of documents are considered “clerical” in nature and therefore are all non-billable services. Including non-billable activities with targeted case management services results in serious risk of recoupment in a Medi-Cal audit.

- Is it really true that providers may never bill more minutes for documentation time than they are billing for the actual service time itself?

Answer: YES! You can **never** bill more time for documenting a given service than the time you’re billing Medi-Cal for actually providing that service. This is considered a big Medi-Cal “No-No!”

- Is it necessary to always develop the Client Service Plan (CSP) with the participation of either the client or legal guardian, or in some cases both parties?

Answer: YES! Treatment planning and service provisions are collaborative processes, and require the active participation of the client and/or guardian (depending on client age for example) in setting goals for therapy or other mental health services. Participation of the client/caregiver in the client’s treatment planning should always be documented in the progress notes accordingly, and the client or guardian’s consent to their treatment plan affirmed with their signatures on the completed CSP. Either client or legal guardian **must** sign the CSP in order to authorize Medi-Cal billing for services rendered. In addition, when a client turns 18 years of age, the client **must** sign the CSP themselves at the very next face to face session.