

QRTips

May 2018

Reminder regarding the billing of Group Therapy with Multiple Providers

When services are being provided by two or more persons at one point in time, the number of staff group facilitators and the unique involvement of each shall be documented in the context of the mental health needs of the beneficiary. The progress note should include the total number of group participants (Medi-Cal and non-Medi-Cal participants) *and clearly indicate length of group session with documentation time included (or documentation time clearly recorded separately)*. Reminder: Prep time for group therapy is not a billable service.

Claims will be disallowed when the unique involvement of each provider is not well documented nor the time is clearly documented.

CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5.; MHSUDS Information Notice 17-040

Psychiatric Medication Consent

The New 3/18 **Psychiatric Medication Consent** should now be in place in all of our county and contract programs. This is also available in all of our threshold languages.

For County programs only: the form can be found in two separate sites:

<http://www.ochealthinfo.com/bhs/about/cys/support/downloads> (AQIS – CYBH Downloads)

http://www.ochealthinfo.com/bhs/about/medi_cal (BHS Medi-Cal Provider Information)

For Contract programs only: please consult with your Program Director

“Gap” between Care Plans

A “gap” between care plans results when a care plan has expired and there is an amount of time that passes before the updated care plan is in effect. When there is a gap between care plans those services that can be provided prior to a care plan being approved can be provided and are reimbursable such as Crisis Intervention, Assessment or Psych Testing. However, services provided in the “gap” that are services that cannot be provided prior to a care plan being in effect are not reimbursable and will be disallowed.

Minimum age for a minor (under 18 y/o) to independently sign his/her care plan

There is no minimum age for a minor to independently sign a care plan. The care plan is a collaborative process between the beneficiary and the provider. The beneficiary should understand what they are signing based on their participation in that process.