

QUESTIONS and ANSWERS

OUTPATIENT SERVICES (OO)

Case Management Services

- **Can Case Management be billed for intra-agency referral, linkage, advocacy, and monitoring?**

Intra-agency referral, linkage and advocacy contacts can not be billed. However, intra-agency contacts necessary for the function of monitoring (including follow-up) can be billed.

- **How are Intensive Case Management Services different from Case Management Services?** Intensive Case Management services are provided by a designated Intensive Case Manager with a case load size of not more than 25 individuals to provide more intensive and frequent services for individuals with serious mental illness who are also identified as high utilizers of mental health services and need extra assistance to remain in the community.
- **Who can bill the Client Advocacy and Follow Services code?**

Any level of service provider can provide this service.

Consultation, Education, Training, and System Support Services

- **Is there a service that can currently be billed for treatment team?**

Not for a traditional consumer specific treatment team process. There is, however, a new service called Intra-Agency Clinical Consultation that can be used as more of a forum for discussion and problem-solving regarding effective utilization of treatment modalities and support in clinical service provision. More of a group clinical supervision process; not focused on a specific consumer but rather developing the skills of the clinician to better address any treatment barriers they may be experiencing. This service can be billed by up to 4 participants at one time.

Crisis Intervention Services

- **What are some examples of the types of service provided through Crisis Diversion versus Crisis Intervention Counseling?**

Crisis Diversion may involve emotional support, assistance meeting basic needs (ex: person is being evicted, person is out of medication, etc.) or coping with an immediate problem. Crisis Intervention Counseling may involve providing one-on-one support to prevent any harm to self or others and assessment of the least restrictive level of care required.

- **Can Non-MHP staff serve as on-call staff for crisis intervention?**

Yes, as long as they have immediate access to an MHP, they can bill Crisis Diversion for the time spent on calls where they provide supportive assistance to help people resolve immediate problems before they evolve into a crisis. If the person calling is in crisis (with immediate, overwhelming problems that severely impair their ability to function or maintain in the community) that person must be immediately transferred to an MHP for Crisis Intervention Counseling.

Evaluation and Assessment Services

- **What type of evaluation services can be billed under the Evaluation and Referral service?**

Screening, completion of most psychological-social assessment elements and other intake related evaluation. Making diagnoses and completing a Clinical Interpretive Summary (including treatment recommendations) can not be billed under this service. They must be billed by an MHP under the Clinical Evaluation and Assessment service.

***Please note that actual services eligible for reimbursement may vary by provider agency.**

QUESTIONS and ANSWERS

- **If you see someone for a screening and then go right into completing the assessment, do you have to bill two separate services?**

An MHP can complete the evaluation (including screening) and go right into the assessment and bill it all under one service (Clinical Evaluation and Assessment). If a BHRS completes some of the evaluation (including screening) and refers to an MHP for Clinical Evaluation and Assessment, the BHRS will bill the Evaluation and Referral service for their time and the MHP will bill the Clinical Evaluation and Assessment service for their time.

- **Can you bill for screening over the phone?**

Yes. Screening done over the phone can be billed under the Evaluation and Referral service. You can not bill for telephone contact under the Clinical Evaluation and Assessment service.

- **How will ODMHSAS differentiate between evaluation and referral in the Evaluation and Referral service?**

In the Evaluation and Referral service, evaluation (which includes screening) must result in a referral (either internally for Clinical Evaluation and Assessment, or externally). The code will not differentiate between the time spent on evaluation and the time spent on referral. However, reports can be run in ICIS to determine whether people who receive this service went on to receive Clinical Evaluation and Assessment or not.

Medication Services

- **Can Pharmacological Management only be provided/billed by a Licensed Physician?**

No. It can also be provided/billed by a physician assistant or nurse practitioner under the supervision of a physician.

- **In order to bill up to 6 visits per day for Pharmacological Management, what length of time defines a visit and can visits be back to back?**

Visits are defined with a range of up to 15 minutes each (ex: 1-15 minutes= 1 visit, 16-30 minutes = 2 visits, etc.) And yes, up to 6 visits can be billed in one session, based on the number of minutes of service.

Outreach and Prevention Services

- **What kind of support groups can be provided under the Prevention Type Activities service to reduce the risk of increased problems once mental health and/or substance abuse problems have been identified?**

Any support group that promotes wellness and supports recovery.

- **What kind of documentation do you need to do for support groups?**

Progress notes are not needed for support groups. All that is needed is a sign in sheet with a brief description regarding the focus of the group.

Rehabilitation and Skill Development Services

- **Can Illness Management and Recovery be billed by any PSR program?**

No. Only PSR programs who have been identified as IMR model sites and whose staff have completed ODMHSAS facilitated training on IMR can bill this service.

Supportive Counseling Services

- **What is the difference between Psychotherapy and Supportive Counseling Services?**

Psychotherapy services are structured, goal-directed services based on generally accepted treatment methods to promote emotional and/or psychological change. Supportive Counseling Services are services that facilitate discussion, exchange of ideas, and provide general support to assist with accomplishing treatment plan goals and objectives.

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QUESTIONS and ANSWERS

- **How do you document Supportive Counseling Services on the treatment plan?**

Not all services, especially those services that provide overall support, need to have a treatment objective on the treatment plan as long as the service is related to accomplishing treatment plan goals and objectives and that is clearly reflected in the progress note. If there is something specific that needs to be accomplished through Supportive Counseling Services (ex: working on helping a client to share thoughts, ideas, challenges, etc.) that should be added as a treatment objective.

- **Can Supportive Counseling be billed for an unscheduled event, like when someone drops in or calls and needs talk through something, problem-solve and receive general support?**

Yes. Individual Supportive Counseling can be billed for face-to-face or telephone contacts, and for unscheduled events, as long as the duration of the contact is a minimum of 30 minutes.

Therapeutic Behavioral Services

- **What kinds of activities are considered wellness activities in the Socialization and Wellness service?**

Activities that promote the condition of good physical and mental health including but not limited to teaching or support in the areas of proper diet, exercise, satisfying relationships, healthy recreation and creative outlets.

Treatment Plan Development and Review

- **What level of service provider can provide/bill the Treatment Plan Review- Mental Health (which includes completion of the CAR)?**

Any level of service provider can provide this service, with oversight from an MHP. An MHP must review and sign off on the treatment plan.

- **How much time do we have to complete an initial treatment plan?**

You have five visits/sessions from the time of admit to complete the initial treatment plan. These five sessions can be any type of service (or duration of service); the initial treatment plan just needs to be completed by the end of the 5th visit/session.

- **After a treatment plan is already in place, if we need to address something new do we have to modify the existing treatment plan?**

No. As long as you reflect the new treatment objectives in a progress note, you can wait and add them to the treatment plan at the 6-mth update.

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