

QRTips

April 2018

Family Therapy codes will change to Collateral Services codes as of **April 4, 2018**. This change is a result from one recoupment on our last DHCS Systems Review in 2016.

Collateral is a service activity to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan. Collateral may include consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the beneficiary; consultation and training of the significant support person(s) to assist in better understanding of the child's mental illness, and family counseling with the significant support person(s) in achieving the goals as documented in the child's client plan. The beneficiary may or may not be present for this service activity.

A Crosswalk is provided below to let you know which code you should use.

If you previously used:	It will change to:
90899-157 Family Rehab Service	90899-157 Collateral Services
90846 Family Therapy without Patient (code will be discontinued)	90899-157 Collateral Services
90847 Family Therapy with Patient (code will be discontinued)	90899-157 Collateral Services
90899-149 Family Therapy with or without Patient Non-Billable	90899-149 Collateral No Fee
90899-163 Family Therapy Non-Billable Travel	90899-163 Non-Billable Collateral Travel Time
90899-162 Family Therapy Non-Compliant Chart	90899-162 Collateral Non-Compliant Chart

For all BHS Contractors: You will also need to change the "Family Therapy" label to Collateral Services on your Progress Notes, Care Plans or any other place that "Family Therapy" would be labeled.

For County Staff Only: The EHR is in process of making this change from using Family therapy to Collateral services and plan to be ready to make the switch on April 4th. Everything will change to collateral except the Widget on the Outpatient Summary Page and the service authorization box in the care plan. These two areas will continue to say Family because if we change those it causes problems with the care plans and the notes at this time. We will continue to keep our county staff informed of these changes as soon as these are completed.

At this point the Type of Service cannot change due to rule conflicts but the names of the forms will change.

Service Documentation

Date of Service: 26-Mar-2018

Type of Service: MHS Family

Submit

Invalid Interim Care Plan - Parent/Guardian Signature not marked as required

Services will not be billable because not authorized on Date of Service

Document Name
BH Interim Care Plan
BH MHS Collateral MD/DO/NP PN
BH MHS Collateral RN PN
BH MHS Collateral PC/CM PN
BH MHS Co-Sign Collateral PN

This is the heading on the PN

Mental Health Services Collateral

Performed on: 03/26/2018 0952

By: Janice, April Michelle

Client Information:
Name: zzzzzzz, Pretenda
DOB: 03/27/2004 Age: 13 Years
PN#: 100-0135-25228 DOB: 03/26/2018
Encounter Date: 08/14/2017
DOS and Encounter Reg. Date do not match.
Please exit this form and ask for help if needed.

Diagnoses Treated Today:
1. Bipolar disorder, current episode manic severe with psychotic features 9.31.2

Previous MHS Family Plan by Dimitriadis RN, Khadra (MCA Support):
Previous Plan Date: 03/14/2018
ata

Care Plan Information:
OBJECTIVES
1. rhyedtdtdt
INTERVENTIONS
1. rhyedtdtdt
GOALS
dthghdghg

Copy & Paste Diagnosis:
Segue UI

Purpose of today's visit (Why am I seeing them today?):
Segue UI

Interventions (What did I do today?):
Segue UI

Response to Intervention (How did the Client react?):
Segue UI

Smart Template: New History or Information:
MD/DO/NP - New Hx or Info
Performed: Provider:
Text:
Form:
RN - New Hx or Info:
Performed: Provider:
Text:
Form:
PC/CH - New Hx or Info:
Performed: 12/16/2016 Provider: Text, P1, AMHS ACS Intern
Text:
not 1/21
Form: BH Co-Sign Crisis Service PN

Progress Notes should be attached to the Service Bill for the corresponding Date of Service.

Anything that has occurred with the client since you last saw them that is related to their mental health condition and why we are seeing them, e.g. significant life events, hospitalizations, incarcerations, symptoms, medical events, substance use, etc...

New History or Information:
Segue UI

In Progress

The folder name will change in Clinical Documents

zzztest, Pretendia x

zzztest, Pretendia
Allergies: Apple Juice, aspirin, codeine, ibuprofen, Latex, Motrin IB, penicillin
Portal: No

DOB:3/27/2004 Age:13
Alerts:Physically Aggressive Toward St... FIN:100

Table of Contents

- BH Outpatient Summary
- Client Information
- Clinical Documents
- Task List
- Results Review
- Diagnoses & Problems
- Medication List + Add
- Orders + Add
- Allergies + Add
- Advanced Growth Chart
- Form Browser
- MultiMedia Manager + Add
- Reference Text Browser

Clinical Documents

- ADMIN
- Care Plans
- Evaluations
- Notes to Chart
- Progress Notes
- Case Management
- MHS Collateral
 - PC/CM MHS Collateral Service
 - 3/14/2018 8:35 AM Dimitriadis RN, Kindra - "BH MHS Collateral PC/CM PN"
- MHS Individual Service
- Psychiatric / Med Service
- Psychometrics/Measures
- Universal Activity Form

It also displays as Collateral in Form Browser

zzztest, Pretendia x

zzztest, Pretendia
Allergies: Apple Juice, aspirin, codeine, ibuprofen, Latex, Motrin IB, penicillin
Portal: No

DOB:3/27/2004 Age:13 years
Alerts:Physically Aggressive Toward St... FIN:100-0135-25228

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Form Browser

Sort by: Encounter - Form

All Forms

- FIN:100-0111-67563 | Fac:MHP County Tx EOC | Enc Type:MHP County Tx EOC | Reg Date:4/1/2015 10:04 AM
 - BH Psychiatric/Med MD PN
 - 7/25/2017 12:33 PM (Auth (Verified)) - Henriquez, Jennifer N
 - 7/25/2017 12:30 PM (Modified) - Henriquez, Jennifer N
- FIN:100-0130-49337 | Fac:AMHS CAT SA | Enc Type:Clinician Pre-Reg | Reg Date:1/21/2017 5:29 PM
 - BH Diagnosis
 - 4/21/2017 9:21 AM (In Error) - Multi Contributors
 - 4/21/2017 9:20 AM (Auth (Verified)) - Kerr, Mary
- FIN:100-0133-64644 | Fac:CYS EAST | Enc Type:Clinician Pre-Reg | Reg Date:4/26/2017 10:52 AM
 - BH Case Management PC/CM PN
 - 4/26/2017 10:59 AM (Auth (Verified)) - Test, P1: AMHS AOS Licensed Care Manager
 - BH CFE
 - 4/26/2017 1:58 PM (Modified) - Multi Contributors
- FIN:100-0133-68039 | Fac:CYS EAST | Enc Type:Clinician Pre-Reg | Reg Date:4/27/2017 8:30 AM
 - BH Case Management PC/CM PN
 - 4/27/2017 9:01 AM (Auth (Verified)) - Test, P1: AMHS AOS Non-Licensed Care Manager
- FIN:100-0133-76402 | Fac:CYS CAT | Enc Type:Clinician Pre-Reg | Reg Date:4/28/2017 3:34 PM
 - BH Bio-Psychosocial Evaluation
 - 5/1/2017 3:09 PM (Auth (Verified)) - Test, P1: CYS PHYSICIAN
 - BH CFE
 - 6/1/2017 1:24 PM (Auth (Verified)) - Khan, Irfan
- FIN:100-0135-25228 | Fac:AMHS PACT TAY S | Enc Type:Clinician Pre-Reg | Reg Date:6/14/2017 9:22 AM
 - BH Case Management PC/CM PN
 - 7/24/2017 4:23 PM (In Progress) - Jannise, April Michelle
 - BH MHS Collateral PC/CM PN
 - 3/14/2018 8:35 AM (Auth (Verified)) - Dimitriadis RN, Kindra

The Text rendition displays Collateral

BH MHS Collateral PC/CM PN Entered On: 3/14/2018 8:36 AM
Performed On: 3/14/2018 8:35 AM by Dimitriadis RN, Kindra

Mental Health Service Collateral
Diagnosis Treated Today: 1. Bipolar disorder, current episode manic severe with psychotic features (F31.2)
Purpose of Visit: gfdafdg
Intervention PN: dga
Response to Intervention PN: fadf
MHS Family PN Plan: arta

Dimitriadis RN, Kindra - 3/14/2018 8:35 AM

Non-Billable Services
MH Family Non-Billable Services: Family Therapy W or W/o Pt No Fee (90899-149, SF 11)
Service Minutes 90899-149, SF 11: 40 minute(s)
Document Minutes 90899-149, SF 11: 10 minute(s)
Travel Minutes 90899-149, SF 11: 0 minute(s)
Total Minutes 90899-149, SF 11: 50
Face to Face Minutes Non-Billable: 40 minute(s)
Non Billable Activities: Addressing a non-included diagnosis
Charge Details Opened?: Yes

Dimitriadis RN, Kindra - 3/14/2018 8:35 AM

Modifiers List - Images currently included in the form version of this document have not been included in the text rendition version of the form.

The ICP will list Collateral

Care Plan for Non-Assessment Services Provided During the Assessment Period

It is the practice of BHS MHP to allow up to 60 days for the initial assessment to be completed. The period of time from admission to the completion of all intake documents including the Care Plan (no longer than 60 days) is referred to as the Assessment Period. If there are situations that require the provision of services other than assessment services before the initial assessment is completed, then this form must be completed.

Medical Necessity During Assessment / Impairment Caused by Mental Illness

What urgent situation(s) requires intervention before the full assessment is complete?

"If "Other" is selected, specify the urgent situation(s) & objective(s)

☐ Client hospitalized within the last two weeks and needs post hospitalization stabilization services. Objective: No hospitalization during the next 60 days.
☐ Client is homeless. Objective: Client will have a safe place to stay during the next 60 days.
☐ Client needs linkage to other community resources for basic needs and/or a medical condition that should not wait. Objective: Client will be linked to the needed community resources.
☐ Client's symptoms are so severe that client is at imminent risk of requiring a move to a higher level of care and/or placement. Objective: Client will maintain at current level of care and/or placement.
☐ Other:

What Service(s) is/are needed before the full assessment is complete?

☐ Medication Service
☐ Case Management
☐ Crisis Service
☐ Intensive Care Coordination
☐ Intensive Home-Based Service
☒ MHS Assessment
☒ MHS Collateral
☐ MHS Group
☐ MHS Individual

Additional narrative: Please provide information regarding the client's symptoms, behaviors and impairments that require immediate treatment within this period of assessment.

Segue UI 9

The Intervention Service Type on the Care Plan lists MHS Collateral

Result Details

Service Type

☐ Medication Service

☐ Case Management

☐ Crisis Service

☐ Intensive Care Coordination

☐ Intensive Home-Based Service

☐ MHS Assessment

☐ MHS Collateral

☐ MHS Group

☐ MHS Individual

Comment

OK Cancel

However, the Authorized Services list on the Care Plan will still say Family at this time to avoid rule conflicts

Services

"These are the Services that will help you achieve your Goals."

Services must be selected below in order to be billable.

Authorized Services

☐ Medication Service

☐ Case Management

☒ Crisis Service

☐ Intensive Care Coordination

☐ Intensive Home-Based Service

☒ MHS Assessment

☒ MHS Family

☐ MHS Group

☐ MHS Individual

Care Plan offered to the Client/Guardian/Conservator

☐ Yes

☐ No

Coordinating Services with (if applicable)

Segue UI 9

External Signature(s) Needed?

☐ Yes

☐ No