Billing Multi-Family Groups and Coding Encopresis

Billing Multi-Family Groups

Family Therapy/Parent Groups can be a helpful way to address a child's impairments in treatment. This is an acceptable treatment modality provided the following guidelines are followed:

- Use the proper CPT code: When billing Multi-Family groups use the CPT code 90849 Multi-Family Group Treatment. This code is used when there are multiple family groups and similar dynamics for clients are being treated. *Clients may or may not be present,* but the focus of the interventions must be assisting the family in working with their family member so the *client's functioning improves.*

- Multi-Family Group treatment would be one of several forms of treatment to address the child's impairments. You should specifically add "Multi-Family Group treatment" to your service plan as well as the frequency and duration and focus of the treatment.

- If group services are to be added after treatment has begun, it is recommended that a progress note be written at the time the treatment modality was determined to be necessary and explain why these services are necessary to address the *child's* impairment(s). In the progress note, it should be documented that the parent (or child if they are old enough) was a participant in the service plan update. The parent or child should initial and date on the service plan where the treatment modality was added.

- The therapist must drop an encounter document for *each client represented* in the group. For example: If both parents of a one client attend the group, one encounter document is submitted as the child's ED with his/her label on the ED.

- Billing Reminders: When a clinician provides group services to, or on behalf of, more than one client at the same time, the client time must be prorated to each beneficiary. Always count the number of clients represented in the group irrespective of Medi-Cal status.

Coding Encopresis on the ED

According to the DSM IV-TR, the diagnostic codes for Encopresis are as follows: 1) 787.6-Encopresis with Constipation and overflow incontinence and 2) 307.7-Encopresis without constipation and overflow incontinence.

Clinicians and office support will find that 787.6 is rejected when completing IRIS entries. This is because the International Classification of Diseases (ICD-9) specifies a 5th digit for this particular diagnosis.

What should the clinician do in this situation ?

The following list lists the Encopresis diagnoses with the corresponding 5th digit. When entering this Diagnose code please use the following codes as they apply to a particular client:

Encopresis <u>With</u> Constipation and Overflow Incontinence

787.60 Full incontinence of feces
787.61 Incomplete defecation
787.62 Fecal smearing
787.63 Fecal urgency

IRIS continues to accept the following diagnosis with only four digits.

307.7 Encopresis-<u>Without</u> Constipation and Overflow Incontinence