QRTips

April 2015

Coding of Chart & Record Reviews

A review of any type of records is no longer billable to Medi-Cal at any time effective **May 1, 2015**.

Please see **examples** of the activities below which are now considered to be non-billable per DHCSs directive.

A. **The client was transferred to a new clinician**. The new clinician **reviews the chart** prior to meeting with the client as part of an assessment activity

B. **The client was transferred to a new MD**. The new MD thoroughly **reviews the chart** to determine all the previous medications the client has been prescribed, goes through the client's past labs to determine their reactions to the different medications and possibly reviews other significant records such as hospitalizations

C. The MD or clinician **reviews the last progress** note just prior to a therapy session

D. The clinician **reviews the chart in preparation for completing an assessment, a 6-month update or an update on the treatment plan**

E. The MD **reviews labs and the progress notes of the clinician** before meeting with the client.

F. **Reviewing records** from the client's **hospitalization**

G. **Reviewing IEP reports** from the school as part of an assessment activity or ongoing treatment activity

H. The treating clinician **reviewing a psychological evaluation** conducted by a psychologist

I. The treating clinician **reviewing a report from Social Services**

Please note that the scenarios listed above **are not necessarily comprehensive** of all the non-billable record review activities occurring in the clinics. As such, if there are questions regarding an activity not listed, please contact AQIS or consult with your Service Chief.