

Per the payment reform initiative that took effect July 1, 2023, claims for services using the same billing code, rendered by the same provider, to the same client, <u>and</u> occurring on the same day, must be rolled up into one claim (i.e., documented in a single note) for submission to DHCS.

To assist with implementation, BH-QM has outlined the guidance below, with additional example narratives.

### Key Points for Documentation:

- In the narrative of the progress note:
  - Be precise in documenting the type and number of contacts being outlined within the note. Vague wording is <u>not</u> sufficient (e.g., "spoke with client 3-4 times today.")
  - Be descriptive about what service was provided during each contact and how it addressed the beneficiary's behavioral health need.
- The service location should be the location where most of the service was provided.
- As a reminder, the above only applies to the same service provided more than one time to the same client by the same provider on the same day. Different services to the same client on the same day still require their own separate progress note.

## **Example Progress Notes:**

1) Psychotherapy

Phone call with client @10am: Client expressed feeling agitated around move from supportive housing into next week. Explored and reviewed CBT techniques including guided relaxation. Client stated would implement tools today and also journal what's working/what's not. Plan is to follow-up at today's in-person session. Duration: 17 min.

Face-to-Face Session @12:30pm: Met with client for individual therapy. Focus of session was navigation of anxiety around upcoming move. Client reports only minimal response to guided relaxation. Notes thoughts are racing and unable to settle enough to use guided relaxation/reframing. Discussed exercise and movement techniques and explored reframing self-judgements. Plan is for client to go for walk with dog this afternoon. Plan to meet Friday prior to client's move and twice next week to support housing transition. Duration: 48 min.

CPT code 9083XMH: 65 min. Service location: office

## 2) Crisis Intervention

Clinician met with client for one-on-one to explore safety issues after client's report of suicidality during this morning's group. Client reports ideations including "I wish I just wouldn't wake up". Client denied having any plan, means, or intent to act on ideations. Client reports no access to guns. Reviewed a safety plan with which included distraction techniques like putting on a movie, calling their mom, playing video games. Plan to follow-up with clt after last group service today. Duration: 81 minutes.

Clinician checked in with client face-to-face after last group around safety. Clt continued to deny plan, means, or intent around suicidality. Client reports feeling comfortable with safety plan and has already texted their mom and let her know client would be contacting if feeling unsafe. Per client, mom was supportive of this. Plan to follow-up with clt later this evening. Duration: 17 minutes.

CPT code 90839MH: 98 min, Office

#### **Group Services:**

#### The following service codes are exempt from the duplicate service requirements:

- H0025MH Peer Support Services, Group Services
- H2017MHGRP Group Psychosocial Rehabilitation
- H0034MHGRP Group Medication Training and Support

These group service can be provided by the same provider to the same client on the same day and documented in separate notes. They will not be denied as duplicate services.

# NOTE: Other group services such as Group Psychotherapy are subject to the duplicate services criteria.

More in depth documentation guidance can be found in the CalMHSA Documentation Guides located at: <u>https://www.calmhsa.org/calaim-2/</u>.

For questions regarding this additional information, please contact BH-QM at <u>HHSAQualityManagement@yolocounty.gov</u>.