

QRTips

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Non-Billable activities

Per the EPSDT documentation manual the following client-related activities are not billable to Medi-Cal:

1. Scenarios where no service is provided, such as scheduling appointments or billing for missed appointments.

This includes situations in which TBS coaches/clinicians/or rehab workers travel to a location to provide services and the consumer is not available.

2. Academic educational services such as assisting with homework, employment searching, or downloading vocational/educational related information off the internet.
3. Vocational services that have, as a purpose, actual work or work training.
4. Recreational activities that provided to the client are not billable to Medi-Cal.
5. Services provided that were solely clerical, such faxing reports, copying or any other activity that an office support person could perform. .
6. The Clinical Supervision of all staff (including clinical internship, clinical hours, discipline, etc.)
7. Consultation between staff members within the same agency are typically not billable. This includes time consulting when cases transfer from one clinician to another within the same program. Exceptions to this would be consultation between the primary therapist and TBS worker. Also, Katie A. ICC consultations within the same clinic would be billable.

Note: The only time such consultations would be billable if the discussion results in the change of the treatment plan or change in the delivery of treatment. (I.e. increase the frequency of sessions for crisis intervention.) Another example would be consultation with the psychiatrist and it is determined that medication would be a useful treatment modality to address the client's impairments.

8. A review of records is not billable to Medi-Cal.
9. Personal care services provided to beneficiaries. These include grooming, personal hygiene, assisting with medication, and meal preparation when performed for the child.
10. Socialization if it consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors of the beneficiaries involved.
11. Provision of services that were solely transportation of an individual to or from a service.
12. Billing for travel time between Medi-Cal certified clinic locations.
13. Translation or interpretive services including sign language. The interpreter must be intervening as a clinician, not functioning as a translator, to bill for his or her service. If a therapist/provider is simply translating on behalf of their client to a psychiatrist providing medication services, this type of service would be a non-billable service.
14. Services provided to beneficiaries residing in institutional settings such as juvenile hall, or an Institution for Mental Disease [IMD].

15. Billing Medi-Cal for mental health services when a client is AWOL or a run-away from home during a treatment episode.
16. Child abuse reporting is no longer billable to Medi-Cal. This includes completing a child abuse report form and consultation with CPS social workers when verbally making a report.
17. Services provided while the client is in a psychiatric health facility, a nursing facility, or a crisis residential facility. (An example would be ETS)

Placement service from a psychiatric facility may be billable to Medi-Cal within the last 30 days of hospitalization; however, the progress notes must clearly be labeled "Placement services" and reflect discharge planning as a stand-alone note and meet the following criteria:

- There must be direct contact with hospital staff.
 - There must be activities involving the arranging for out of home placement (not returning to the same placement/group home). (This would exclude kids going back to CEGU Orangewood)
 - If applicable there must be consultation with receiving agency staff concerning transition to their new placement.
 - Scheduling aftercare appointments, collateral support services and consultation with own staff or updating SSA social worker is not billable under discharge planning.
 - Billable CPT codes cannot be used after an excluded diagnosis is identified as the primary diagnosis (i.e., Autism, Cognitive Disorder NOS, Substance Abuse, Sleep Disorders, etc...). This applies to all Specialty Mental Health Services, including Crisis Intervention.
 - An excluded diagnosis can be used for any visit during the assessment period, but only once. Once the excluded diagnosis is identified, then only that visit can be billed. The next services using the excluded diagnosis as the primary diagnosis would not be billable to Medi-Cal.
 - Psychiatrists assessing a client for the first time and clinicians conducting second opinions can use an excluded diagnosis one time only when billing Medi-Cal.
- ✚ Note: These are general guidelines that apply in most situations. If certain situations arise that do not fit these points, please discuss with your service chief, program director or contract consultant.