



QRTips

January 2016 (Revised 2/4/2016)

I. For County clinics : For all progress notes (both paper and EHR versions), the time claimed and submitted for payment is to be accurate and consistent with the time documented on the progress note.

- ♦ All services must have documentation supporting the provision of that service. Progress notes should be specific about the minutes spent in both the "face-to-face" time and the non "face-to-face" time.
- ♦ If a claim includes **non face-to-face activity** as well as direct service time specify how many minutes were spent in the indirect activity. Also the **type of non-face to face activity** should be described.
- ♦ If the non-face-to-face activity is **non-billable to Medi-Cal** a separate progress note should be written and a non-billable CPT code should be used.

II. Examples of "review of records/documents" which are considered to be non-billable per DHCS' directive:

- ♦ 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.
- ♦ 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.
- ♦ The MD or clinician reviews the last progress note just prior to a therapy session.
- ♦ The clinician reviews the chart in preparation for completing an assessment, a 6-month update or an update on the treatment plan.
- ♦ The MD reviews labs and the progress notes of the clinician before meeting with the client.
- ♦ Reviewing records from the client's hospitalization.
- ♦ Reviewing IEP reports from the school as part of an assessment activity or ongoing treatment activity.
- ♦ The treating clinician reviewing a psychological evaluation conducted by a psychologist.
- ♦ The treating clinician reviewing a report from Social Services.

III. Reminders during annual reviews:

Clinicians/Providers must document in their annual review progress note that the **3 items below** were reviewed with the consumer or legal guardian.

- reviewed the **Grievance Procedures**
- offered a copy of the **Guide to Mental Health Services**
- offered a copy of the **Mental Health Provider List**