

Mental Health Documentation Tip: Consultations & Multiple Providers (Non-Medical Staff)

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I just consulted with another staff member about a client, or helped another staff member with a service. What code should I use?



There is no special “consultation”
or “team meeting” code



You need to think about *why* you did the thing you did,
and what that thing actually was. (Same as all notes!)

What was the reason for your involvement?



Gather assessment information?

Figure out referrals?



Coach the client?

Assess progress on client plan goals?



Intervene in a crisis situation?

Develop more effective plans for intervening with the client?

Targeted Case Management/ICC



- Were you brainstorming referrals to CBOs or other agencies?
- Were you gathering information about potential referrals or outside resources?
- Were you otherwise consulting or present in order to link the client to appropriate services?
- If yes, you're providing **Targeted Case Management or ICC** services.

Assessment

- Were you getting background information from a previous or current treatment provider to complete the Initial Assessment or CANS?
- Were you consulting with a Manager, Specialist, or other clinician about the client's clinical presentation or history in order to help determine a diagnosis?
- Were you present during an appointment with another provider in order to get your own clinical picture of the client for an assessment?
- Were you otherwise consulting or present in order to assess the client?
- If yes, then you're providing **Assessment** services.

Rehab

- Were you directly coaching the client through the interaction with the other provider?
- Were you both directly coaching the client through an interaction with a third provider?
- Were you there to observe the interaction and provide coaching feedback immediately afterward, or during, the interaction?
- Were you otherwise coaching, teaching, or troubleshooting the client's skills in the situation?
- If yes, you were providing **Rehab** services.



Crisis Intervention

- Were you gathering background information on a client in crisis?
 - Were you providing background information on a client in crisis?
 - Were you coordinating referrals or plans for a client in crisis?
 - Were you otherwise consulting or present to help intervene in a crisis situation?
 - If yes, you were providing **Crisis Intervention** services.
- Note: Simply “being back-up” in case something goes wrong is not a specialty mental health service. Only claim for time you were actively involved. (True always, but most common in crisis situations.)

Plan Development

- Were you getting information about current or proposed treatment to complete the Client Plan?
- Were you consulting about how to frame the client's goals in the context of their mental-health recovery?
- Were you consulting about what proposed interventions would be appropriate for the Client Plan?
- Were you talking through how to better intervene directly with the client, or what interventions are currently working or not working?
- Were you otherwise consulting or present to help shape the way the treatment team intervenes with the client?
- If yes, then you were providing **Plan Development** services.

Not Claimable as SMHS

- ✗ Passing along cute or juicy stories about a client unrelated to current treatment – Not a specialty mental-health service!
- ✗ Providing “back-up” without active intervention – Not a specialty mental-health service!
- ✗ Conversation or listening without the intention of actively using the information in the client’s treatment – Not a specialty mental-health service!



How to Document

- Document what information was shared and how it can/will be used in planning for client care or services to the client.
- If multiple providers participated, each one must write a separate note for only the time they spent actively involved.
- Duration may include active listening time.
- Each note must describe the writer's role and involvement in the service (i.e., not what the other clinician did!).

Other Stuff



- It's ok if the two providers' notes have a combined duration longer than the "clock time" spent with the client or in the conversation. That is, if two treating providers have an active 30min consult about a client, each should bill for the full 30min.
- Note: For multiple providers *and* multiple clients, time does need to be split among the clients, but each provider would still claim the entire time they intervened.

Yay, teamwork!

