

# Payment Reform FAQs: DMC-ODS

## Assessments

1. If providers are completing an assessment with the beneficiary in the office, and then spending time later on the same day writing up the assessment, how should all that be captured?
  - a. Completing an assessment with the beneficiary is direct service time. The amount of time it takes to write up the assessment would fall under Documentation Time.
2. If providers are (only) writing up an assessment on a different day, how should they be billing for that time?
  - a. Time spent writing an assessment is not claimable when the beneficiary is not present. It is important still to document this time spent. Providers shall use the primary Assessment service code and enter the time spent writing the assessment under the documentation duration of the progress note. Direct service in this situation would be 0.
3. For SUD Screenings, what time does that include besides doing the screening with the beneficiary? For example, what if you are also reviewing consents, gathering ROIs during that assessment time?
  - a. Reviewing of items such as intake documents and obtaining signatures during the assessment with the beneficiary present is part of direct service time.
4. What shall SUD counselors do if they cannot use the 'Extended Time' add-on to document the assessments they conduct?
  - a. SUD counselors should continue to bill as they have been doing. The Assessment service has been cross-walked to the appropriate coding based on their practitioner category. For example, if it takes the SUD counselor 70 minutes to conduct an assessment with a beneficiary, they can still select 70 minutes (direct service) using the Assessment service code.
5. Is there a limitation to how much time can be spent doing Assessments with beneficiaries?
  - a. Providers should continue to bill as they have been doing thus far related to the duration it takes to complete an assessment. Sometimes Assessment services happen over a period of more than one meeting. However, for LPHAs/LPHA-Interns/Physicians, if an Assessment service goes beyond the new 15-minute maximum allowance, there is an option to choose the Extended Service add-on to account for additional time.

## Care Coordination

1. How should time coordinating with another SUD provider to secure placement be billed?
  - a. It can be billed as Care Coordination.

2. Is telephone an allowable modality to provide services to beneficiaries?
  - a. Yes, per BHIN 23-018 both Telephone and Telehealth is an allowable modality for providing services.
3. How should providers document coordination of services for beneficiaries via email?
  - a. Care Coordination should be occurring via face-to-face, telehealth, or by telephone. If this occurs via email this will then be documented as a non-billable note under documentation time.
4. What is the difference between care coordination and case management?
  - a. Care coordination was previously referred to as “case management” in 2015-2021. Per feedback, DHCS has retitled and re-described this benefit as “care coordination.” The terms may be used interchangeably.

### **Other**

1. Is Clinician Consultation billable when an LPHA is consulting with a medical director or physician employed within the agency, and/or with another LPHA?
  - a. Yes, and Clinician Consultation can only be claimed by the LPHA/Physician seeking the consultation about a beneficiary.
2. For beneficiaries in WM who are waiting for another LOC (i.e., 3.1 or 3.5), does another assessment need to be completed?
  - a. An SUD Assessment does need to be completed and authorized by MCBH if it is determined that a beneficiary meets medical necessity for 3.1 or 3.5.
3. Is documentation time no longer reimbursable?
  - a. That is correct. However, documentation time should still be entered as part of capturing overall services as it helps to inform how providers are spending their time.
4. Do we need to write 90 minutes worth of a narrative to match the 90 minutes of service that was provided (for example)?
  - a. With Documentation Reform, documentation standards have shifted. Progress notes should be concise and sufficient to capture the service rendered to allow for all providers to focus more on the quality of care they are providing to the people served rather than documentation.
5. Who provides certification for Peer Support Specialists?
  - a. CALMHSA can provide this certification. Their website is: <https://www.calmhsa.org/peer-certification/>

### **Add-Ons**

1. What are the service codes that require an extended service add-on?

- a. This may be found in the Add-On Matrix at the end of the Documentation Guide.
2. What add-ons are counselors allowed to use?
- a. SUD counselors shall use the extended service add-on for care coordination only when the maximum time exceeds 15 minutes and the interpretation add-on for certain primary service codes.