

JULY 2014



QI ... UP TO THE MINUTE

ANNOUNCEMENTS

Coming Soon!

- Be on the lookout for an announcement regarding upcoming webinar sessions on the proper use of Service Codes 998 and 999!

Appointment Reminder Calls

- If you are interested in using the automated appointment reminder system for your client appointments, email QIMatters.hhsa@sdcounty.ca.gov

FROM MIS

Did you know?

- There's an improved ARF available on the Optum Website. Be on the lookout for the ARF Tips and Tricks memo. MIS will also provide a quick overview of the ARF and Tips and Tricks at the July 18th QI Updates for the SOC Meeting.

DOCUMENTATION STANDARDS

Capturing Identifying Information in the Presenting Problem section of BHAs

- During medical record reviews in the last fiscal year, QI Specialists noticed a number of clinicians and others who complete BHAs were not capturing identifying information in the Presenting Problem section of the BHA.
- Best practice for documentation in this section is to begin the narrative by stating identifying information, such as age, client's self-identified gender and ethnicity, marital status and any other identifying information that provides a context for understanding the client's presentation and mental health needs.
- The section may begin with the generic title "Client" or by using the client's name.
- An example: "John is a 30 year-old, gay, Caucasian male who is in a domestic partnership..."
- Another example: "Client is a 40 year-old, married, African American female who presents today with reports of....."

BHAs: 14 Days or 30 days

- The QI Matters e-mail inbox has received quite a few questions recently with some confusion about the compliance standard of when an Initial BHA is due, and the billing standard of when a service becomes non-billable.
- The compliance standard for completing an Initial BHA is 30 days from the date of client assignment to the program.
- The billing standard is that a service becomes non-billable if the progress note is final approved after 14 days (included the date of service).
- So the question that has been asked several times is, "Doesn't that mean that the Initial BHA is really due in 14 days?"
- The answer is, "No." You may claim more than one session for assessment.

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- If the assessment is begun on the date of first service and the staff is not able to gather enough information to do a clinically complete BHA, they begin the BHA documentation and write a progress note to capture the first service with the first BHA documentation time. If the progress note for this is final approved within 14 days (including date of service) the service is billable.
- At the next meeting with the client, the assessment continues. A new BHA is added to capture the additional information gathered, and a new progress note is written. If it is final approved within 14 days (including date of service) the service is billable.
- In this way, both standards are being met – completion of the Initial BHA within 30 days from date of client assignment and final approving progress notes within 14 days.

BILLING

Avoiding Suspense Codes A & B (A=No Valid Diagnosis, B=No Diagnosis of Billing Type)

- We recently have had an increase in calls and question about services being suspended for Suspense Codes A & B. These are things to be mindful of regarding data entry of diagnoses to avoid these billing suspensions:
- There must be a valid diagnosis that covers the dates of service.
 - If there is no diagnosis for a client in Anasazi and it is within the first 30 days from the date of client assignment to your program, enter diagnosis code 7999 (“Deferred”). If there is no diagnosis for the client, services will suspend.
 - Diagnosis can be deferred up to 30 days while the program is working on the initial BHA.
 - A Title 9 Included Diagnosis would be entered once it has been determined.
- If there is an existing diagnosis in Anasazi that your program assesses as valid (and will be providing services to the client based on this diagnosis):
 - Do not change the “begin date” of the diagnosis to make it “current.” This date covers services of other programs from which the client may be receiving services as well those provided by your program.
 - In other words, a date of diagnosis that covers the dates of services provided to a client is required. If your program changes the dates on an existing valid diagnosis; another program working with the client (and who began services prior to your program) will have their services suspended.
- Cleaning up “old diagnosis”
 - Coordination of care is required prior to “cleaning up old diagnoses.” If your program ends the date of an “old” diagnosis that another program is providing services for, their services will be suspended.
 - Before ending a diagnosis, check the client’s assignments. If the client is open to other programs, phone calls should be made to coordinate the changing of dates for the diagnosis. If your program ends a diagnosis that another program is claiming services to, that program will have its services suspended.

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UPCOMING DOCUMENTATION TRAININGS

- CHILDREN'S PROGRAMS DOCUMENTATION TRAINING: Wednesday, August 27, 2014
9:00am – 12:00pm
- Reserve your seat by emailing Linda Oliver at: Linda.Oliver@sdcounty.ca.gov



Is this information filtering down to your clinical and administrative staff?
Keep them Up To The Minute!
And remember to send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov