County of Sacramento **Department of Health Services** **Division of Behavioral Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**QM**
	Policy Number	**QM-00-04**
	Effective Date	**11-01-2010**
	Revision Date	**07-01-2020**
Title: **Use of AVATAR Billable and Non-Billable Codes**	Functional Area: **Administration**	
Approved By: (Signature on File) **Signed version available upon request** **Alexandra Rechs, LMFT** Program Manager, Quality Management		

BACKGROUND/CONTEXT:

It is the policy of the Division of Behavioral Health (DBHS) that providers utilize appropriate service codes to track service activities in the AVATAR system. Tracking, claiming, and payment for contracted services is reliant upon accurate entry of service codes based on the type of service provided. Services are documented as part of the clinical record for clients served by county operated and contracted service providers. While some services are reimbursed by particular payors or funding, tracking of services and efforts to deliver services that are not reimbursed are also a goal, value and expectation of DBHS and service providers.

A Service Code Definitions/Training Guide has been developed and is available to all providers. This guide is updated with new codes and is posted for use on the DBHS Documentation Standards webpage: https://dhs.saccounty.net/BHS/Pages/Provider-Training/GI-Documentation-Training.aspx. It is the responsibility of all providers to enter billable services within their scope of practice and accurately in accordance with contractually specified services and corresponding service code lists.

While AVATAR is utilized by Mental Health and Substance Use Prevention and Treatment service providers, this policy applies to mental health providers only.

DEFINITIONS:

Assessment Start Date: This is the first billed assessment that the MHP provided to the client. This assessment may be started by the Access Team for new referrals; APSS Team for unlinked referrals from inpatient psychiatric settings or Providers who do their own admissions. The first Medi-Cal billable service initiates the timeline for the Clinical Bundle.

Admit Date: The date that the beneficiary is assigned to the specialty mental health provider.

Program Assigning Date: The first face to face contact (post ENG01) that the Provider has with the client. This comes after the Assessment Start Date.

Clinical Bundle: The required documentation to be completed by the assigned provider including Assessment Documents and Client Plan. Refer to QM Documentation Training: CWS Documentation Bundles and your contract for the specific required documentation.

Paperwork Cycle: Begins at the Assessment Start Date or first Medi-Cal billable service. The Clinical Bundle must be finalized 60 days from the Assessment Start Date or first Medi-Cal billable service and annually at minimum.

Engagement (ENG01): Provider staff efforts to arrange appointments prior to the initial face to face (Program Assigning Date) that include direct contact with the client or caregiver, either face to face or over the phone.

Engagement Attempt (22222): Provider staff efforts to engage beneficiaries prior to the initial face to face (Program Assigning Date) when no face-to-face or real time phone contact is made. This may include but is not limited to the following activities: Leaving a message regarding setting up an initial assessment appointment. Writing a letter providing the beneficiary with general information about services offered or appointment notifications. Driving to the beneficiary's home or known whereabouts for the purposes of engaging the beneficiary in services.

Cancellation: A scheduled appointment is cancelled by the client or the staff before the start time of the appointment. There are separate service codes regarding whether the client or the staff cancels the appointment.

No Show (missed visit): The client or the staff does not show for a scheduled office appointment or is not present for appointment at the home or location in the field. There are separate service codes regarding whether the client or the staff no shows to the appointment.

System Partners: Some examples include Child Protective Services (CPS), Adult Protective Services (APS), Probation, Hospitals, the Youth Detention Facility (YDF), previous providers.

PURPOSE:

AVATAR is a web-based practice management system used by DBHS. The purpose of this policy and procedure is to provide guidance to providers regarding the use of service codes in the AVATAR billing and claiming system. Specific attention is focused on the non-billable codes that providers must use to track efforts to engage clients in services.

DETAILS:

No-Show or Cancellation:

Service providers shall indicate in Avatar when a client does not show up for an appointment in accordance with the following table.

When a client:	Then use:
Fails to show for appointment and has not called	No Show billing code (90500)
Calls to cancel an appointment prior to the appointment time	Cancellation billing code (90501)

When a staff:	Then use:
Fails to show for appointment and has not called	No Show billing code (90600)
Calls to cancel an appointment prior to the appointment time	Cancellation billing code (90601)

Engagement (ENG01):

Provider staff efforts to arrange appointments prior to the initial face to face (Program Assigning Date) that include direct contact with the client or caregiver, either face to face or over the phone.

- Initial engagement with contact (up to the Program Assigning Date).
- Engagement activities should be recorded in AVATAR indicating the number of minutes for each event.
- Please note that providers must have this service code available in their contract in order to utilize this service code. Providers without this service code assigned to their contract are also required

to track efforts to engage prior to the provider start date; however, those providers would use the non-billable service code (11111).

Engagement Attempt (22222):

Provider staff efforts to engage beneficiaries prior to the initial face to face (Program Assigning Date) when no face-to-face or real time phone contact is made. This may include but is not limited to the following activities: leaving a message regarding setting up an initial assessment appointment, writing a letter providing the beneficiary with general information about services offered or appointment notifications, or driving to the beneficiary's home or known whereabouts for the purposes of engaging the beneficiary in services.

- Initial engagement without contact (up to the Program Assigning Date).
- Engagement activities should be recorded in AVATAR indicating the number of minutes for each event.
- Available to all Providers.

REFERENCE(S)/ATTACHMENTS:

- CCR title 9, sections 1840.316 -1840.322,1810.440(c), and 1840.112
- CCR, title 22, section 51458.1(a)(3)(4)
- CCR, title 9, section 1840.314(d)
- MHSUDS Information Notice 17-040
- Service Code Definition/Training Guide

RELATED POLICIES:

- QM 10-30 Progress Notes (Mental Health)

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use Prevention and Treatment		
X	Specific grant/specialty resource		

CONTACT INFORMATION:

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