

Claiming for Case Consultation

Two practitioners can bill for consultation time when discussing an open case with the purpose of developing a plan of action. Billing must reflect only the time spent on consultation and not the entire time of the meeting. Practitioners must write separate Service Notes to account for their participation in the case consultation. Each practitioner's Service Note content shall justify their specific involvement and unique service provided by that individual. Any participation time claimed, which may include active listening time, must be supported by documentation showing what information was shared and how it can/will be used in planning for client care or services to the client (i.e., how the information discussed will impact the problem list or care plan).

The appropriate PROCEDURE CODE depends on the nature of the consultation, as follows:

Assessment Type Procedure Codes: If the case coordination between multiple providers is for the purpose of assessing the beneficiary; or

Plan Development Type Procedure Codes: If the case coordination between multiple providers concerns the development of a Client Plan for the beneficiary; or

Referral Type Procedure Codes (TCM/ICC): If the case coordination between multiple providers is for the purpose of coordination of services and linkage or referrals.

Service Note Examples

The following Service Note examples are numbered according to the elements listed above.

Assessment Type: (1) Writer consulted with Family Specialist, Jack Smith MHRS, regarding his recent assessment session with client. The purpose of the consultation was to discuss information gathered by Family Specialist in efforts to continue to assess for medical necessity and review client's reported historical barriers to treatment. Family Specialist has established rapport with the client and has gathered information that could help inform the Core Assessment. (2) Family Specialist shared client's reports of recent depressed mood and that as a result the client was not showing up to his employment. The details regarding how the client's symptoms are impacting clients functioning had not been disclosed to the writer. Family Specialist reported client's self-reported feelings of shame associated with impending job loss. Writer explored and gathered information regarding the client's functional impairment as a result of his mental health symptoms which demonstrates that the client does meet the criteria for specialty mental health services. Family Specialist reports client's historic barriers to treatment being mistrust of the system and symptoms getting in the way of client attending past treatment consistently. (3) Plan: After reviewing information obtained and disclosed, writer determined that the client meets the criteria for specialty mental health services. Writer will make efforts to continue to gain rapport with the client and make efforts to decrease barriers to engagement in treatment. The client will benefit from the rapport building strategies and exploration of the client's hopes for treatment which will help with client

engage in mental health services that accurately address client's needs. Writer plans to contact the client to confirm appointment tomorrow.

(4) Sally Therapist, LCSW

Plan Development Type: (1) Writer consulted with Rehabilitation Specialist, Tom Hanks, regarding proposed client plan updates for Client, who continues to display moderate symptoms of depression. (2) Discussed reduction in depressive symptoms after Client began therapy and rehabilitation skill building. Writer shared how CBT interventions have been assisting the client in managing distressing thoughts and therefore improving her functioning. Rehabilitation Specialist explained the work done with client to increase her coping skills and how this lead to the client re-connect with positive natural supports and increasing engagement with the community. (3) Plan: Writer will adjust Client Plan to reflect effectiveness of therapy services and rehabilitation skills, resulting in reduction of therapy sessions from 2x to 1x per week. Tom agreed to continue meeting with Client to maintain coping skills and will also decrease frequency from 1x per week to 1x every other week. This benefits client by facilitating more independence and empowerment to practice skills learned in treatment on her own, which client reported helps with her depression, and helps achieve one of Client's goals of less dependence on mental health services. Writer plans to contact client to confirm appointment scheduled for tomorrow to work together to update the Client Plan.

(4) Sally Therapist, LCSW

Referral Type: (1) Writer consulted with program Housing Specialist, John Wagner, regarding strategy and resources for client who has recently lost housing. (2) Discussed options for emergency and short-term placement as well as other support services for client and family during crisis. (3) Plan: Writer will adjust treatment plan to focus on housing and emergency needs until situation is stabilized. John agreed to meet with client to assist with applications for emergency placement tomorrow afternoon. Having a safe place to live will benefit the client by allowing them to focus on mental health goals. Writer contacted client to update on plan and confirm appointment tomorrow.

(4) Sally Therapist, LCSW