



SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

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INTEGRATED SERVICES PROGRAM (ISP) COMPREHENSIVE COMMUNITY SERVICES (CCS)

GUIDANCE FOR CCS PROVIDERS- BILLING

Billable to CCS	Not Billable to CCS
<p>Direct Psychosocial Rehabilitation Services that are provided face-to-face or via Telehealth (that are clearly identified on the Recovery Plan)</p> <p>Service facilitation tasks (all care coordination activities) completed by the facilitator</p> <p>Documentation for service that follows the SCDHS CCS case note standards</p>	<p>Administrative tasks, scheduling appointments, reviewing records etc. by providers who are not facilitators.</p> <p>Voicemails, emails, texts (unless a specific HIPAA-compliant app designed for cueing/services)</p>
<p>Travel time to meet with consumer for approved services IF a direct service was rendered at the location you have traveled to (not Telehealth)</p>	<p>Travel time if consumer is not present and no service is provided</p>
<p>Documentation time is billable when it is directly associated with a billable service and documented accordingly in the consumer record.</p>	<p>Documentation time when no service is provided such as cancelled or failed appointments (use cancellation/no show codes 1000,1001,1002)</p> <p><i>(Documentation of missed appointments and outreach attempts must be recorded in progress notes, for tracking the consumer's participation and service planning, not for the purpose of billing for the time spent.)</i></p>
<p>Activity-based services that are specifically addressing goals/objectives on the plan</p>	<p>Recreational activities such as attending a movie or concert with a consumer.</p> <p>Working out with consumers without a clearly defined goal/objective on the plan</p>
<p>Discharge planning when a consumer is in a hospital or residential treatment facility (not including crisis bed placements).</p> <p>This is primarily done by the facilitator unless approved by a SCDHS supervisor.</p>	<p>Services other than discharge planning when a consumer is in jail and when a youth is in juvenile detention or residential care center (services can only be provided with prior approval from a SCDHS supervisor)</p>

*Telehealth codes should only be used when the consumer (or family member) is present.

* Please log in 15-minute increments for all contacts even if not billable. Service plus documentation time needs to be at least 15 minutes for it to be a billable.

Sauk County CCS Billing FAQ's

1. How do I record my service time?

All providers should record the total service duration in 15 min increments including total duration of the service provided and documentation time. For example, direct time 10 mins + 5 mins documentation time =15 mins total service duration.

2. When is travel time allowable?

When a service is provided at the location you travel to. Travel time is never allowable when using Telehealth codes or cancellation codes.

3. How do I document travel time prior to consumers being enrolled?

Do not complete a separate note for travel time prior to consumer enrollment. Facilitators should incorporate their travel time into their note for initial contacts using codes 60cl (client related communications) or 150 (screening).

4. When is traveling with a consumer allowable?

Transporting a consumer is not a billable service. Billing for traveling with the consumer is allowable only for activities directly related to the consumer's *Recovery Plan* goals.

If a provider is providing CCS services (as described in the CCS Service Array) to a member and happens to be in a car with him or her while providing services, then the provider would bill those services.

5. When is Recovery Plan billable?

At recovery planning meetings and medically necessary collaboration/coordination with team providers and consumers.

6. When is emailing billable?

It is billable for facilitators only when performing tasks related to service facilitation (see important definitions document).

7. When is texting billable/allowable?

Texting is not a billable communication and not recommended for consumer communications or between team providers. Texting of personal health care information is prohibited.

8. When is contact with family billable?

When a service such as family psychoeducation is provided or when contact directly relates and supports a service to a consumer. (Example: providing information to a family member about diagnoses and treatment interventions for the consumer).

9. When/how do I use no-show and cancellation codes?

When a consumer or staff cancels, or the consumer is not present for a scheduled appointment. It is necessary to utilize these codes in all incidents of cancellations (staff or consumer) and no shows even if the provider has some type of billable service with the consumer on the same day. The no show/cancellation and the billable service should be entered as two separate notes. Time of at least 15 mins should be entered for the cancellation/no show note. (1000 No Show, 1001 staff cancel, 1002 client cancel).

10. When/how do I use non-billable codes?

60cl (client related communication) is a code for use by facilitators when first contacting referred consumers. 150 (screening) is for use by facilitators only when completing the initial functional screen prior to admission. 480 (client specific activities- non-billable) is used for client activities such as scheduling and attempts to outreach after the consumer is enrolled.

11. When do I use Telehealth codes?

You would use Telehealth codes only when the consumer is present and you are providing a synchronous service (at the same time) via phone or video. You cannot use a Telehealth code when consumer is not present. The consumers location always determine whether a service is Telehealth (If a consumer is in person for a team meeting but you as a provider are participating via video a Telehealth code would not be used)

12. Define duplicative services.

Medicaid defines duplicative services as identical, or near-identical services, procedures, or items provided to the same patient on the same date. CLTS case managers authorize different services and supports than CCS services facilitators, so they are not considered duplicative when completing service facilitation activities.

13. When is it allowable for providers to provide a service outside the community where the consumer currently lives?

When the service at this location is medically necessary, is connected to a goal/objective on the *Recovery Plan* and is approved by the SCDHS supervisor.

14. Is supervision time with my agency supervisor or agency supervisory group billable?

No, this is not billable and documentation of this is not billable.

15. When is reviewing records billable?

- a. **For facilitators:** When reviewing and integrating existing treatment related history (including case notes such as those regarding diagnoses, treatment, and hospitalizations) and school is a component of screening, assessment and recovery planning and are billable facilitation tasks. Documentation should be clear regarding the purpose.
- b. **For providers of specialized assessments such as neuropsychological testing, ASAM assessments and Psychiatric assessments:** When reviewing existing treatment related history necessary for completion of assessment activities.
- c. **For medical providers:** when reviewing data, including other medications used to make medication/medical decisions.
- d. **For other service providers:** When the review is done in conjunction with a service being provided. For example, when you review a neuro-psych assessment with a consumer or in a recovery planning meeting to facilitate understanding of diagnostic and treatment implications.

16. Can I bill for services when my consumer is hospitalized or in an institutional setting?

Services allowed are limited to those that would “prepare the consumer, which would include family, for discharge; therefore, documentation should address the planning and preparing for discharge” 30 days or less prior to discharge. Service facilitation/recovery planning should be coded as 390 (discharge planning). Progress notes should describe these planning activities. For example, “I spoke with hospital social worker. She provided updates, discussed potential discharge date and needs for support when returning home”. Use the location code of hospital for discharge planning when using this code. Other services such as family psychoeducation would be billed and coded as they usually are. However, the content in the case note should clearly indicate how services will prepare the consumer or family for the consumer’s return to the community. For example, “I met with parent to discuss safety planning and need for support for the consumer when he returns home from hospital”. Use the location code where services to family members are provided as usual.

Important Definitions

Recovery planning is the act of collaboratively identifying, organizing, and implementing goals, supports, and strategies that help an individual achieve and sustain mental health and/or substance use recovery. This includes actively guiding and adjusting a plan that supports ongoing recovery and quality of life.

Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial, and housing services. (As Defined by ForwardHealth)

Screening and Assessment: Screening and assessment services include completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. (As Defined by ForwardHealth)