Quality Training Series: Billing Validation

Nicole Griep, Director of Quality Assurance
The Georgia Collaborative ASO
Why are progress notes necessary?

- **DBHDD Provider Manual**
  - Progress note documentation includes the actual implementation and outcome(s) of the designated services the Individual Recovery Plan (IRP).
  - Review of sequential progress notes should provide a snapshot of the individual over a specified time frame.
  - Progress notes must provide all of the necessary supporting evidence to justify the need for services based on medical necessity criteria and support all requirements for billing and adjudication of the service claims.
Statewide Average Scores

Statewide average scores August 2015 to December 2015

- Overall Score: 85%
- Billing Validation: 82%
- Focused Outcome Areas: 85%
- Compliance w/ Service Guidelines: 91%
- Assessment & Tx Planning: 83%
- Compliance w/ Service Guidelines: 91%

Statewide Billing Discrepancy Amount: $308,500
Billing Validation: Most Common Errors

- Order for Services: 28%
- Admission Criteria: 19%
- Service Definition/Code: 13%
- Progress note is missing: 11%
- Consistency requirements: 9%
- Staff credential is missing: 6%
- Other: 5%
Billing Validation: Most Common Errors (continued)

- **Missing/Incomplete Order for Service (28%)**
  - Common error: receiving an order for service late
    - All services must have an Order for Service prior to the initial date of service
  - Common error: orders must specify each service as indicated by Service Description listed in the DBHDD Provider Manual
    - For example: Psychosocial Rehabilitation Individual and Psychosocial Rehabilitation Group must be listed, “PSR” is not the Service Description name
  - Common error: receiving an order from a non-authorized practitioner
    - Authorized practitioner(s) to recommend/order specific services can be found within Part 1, Section IV of the DBHDD Provider Manual
TABLE B: Physicians, Physician’s Assistants and APRNs* may order any service. Please use the chart below to determine other appropriately licensed practitioner(s) authorized to recommend/order specific services.

<table>
<thead>
<tr>
<th>Ordering Practitioner Guidelines</th>
<th>Licensed Psychologist</th>
<th>LPC, LMFT, LCSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictive Disease Support Services</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Behavioral Health Assessment &amp; Service Plan Development</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Case Management (adults only)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Community Support – Individual (youth only)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Community Transition Planning</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Diagnostic Assessment</td>
<td>X</td>
<td>LCSW Only¹</td>
</tr>
<tr>
<td>Family Outpatient Services (Counseling &amp; Training)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Group Outpatient Services (Counseling &amp; Training)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Legal Skills/Competency Training</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nursing A/H Services</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Peer Support-Individual*</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Peer Support Whole Health &amp; Wellness*</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychiatric Treatment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychological Testing</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation-Individual (adults only)</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
• Admission Criteria (19%)

- Most common error: lack of a verified diagnosis by a Licensed Psychologist, LCSW, Physician, Physician Assistant or APRN (NP and CNS-PMH) working in conjunction with a physician

- Please refer to individual service guidelines for timelines related to completion of a verified diagnosis

  - For example: ACT, PSR-I, AD-Peer Support Individual must have a qualifying diagnosis prior to the initiation of services

  - For example: Individual Counseling, Diagnostic Assessment, Behavioral Health Assessment for newly presenting individuals, a Diagnostic Impression is allowed for 30 days
Billing Validation: Most Common Errors (continued)

- Progress Note does not Support Service Definition/Incorrect Billing Code (13%)
  - Most common error: provider billed Case Management but interventions documented skill building which should have been billed as Psychosocial Rehabilitation Individual.
  - Common error: Incorrect modifiers utilized – for example, in clinic location (U6) but provider billed out of clinic (U7)

- Signature/Date of Entry Missing (11%)
  - All progress note entries are dated to reflect the date of signature of the individual providing the service
  - This date may differ from the actual date of service
  - Most common error: date of entry missing
Billing Validation: Most Common Errors (continued)

- **Progress Note is Missing (9%)**
  - For any claim or encounter submitted to DBHDD or DCH, a progress note must be present justifying the intervention.

- **Consistency Requirements Missing (6%)**
  - Documentation must follow a consistent, uniform format. If the progress note crosses multiple pages in a paper record, the provider must assure it is clear the additional pages are a continuation of the progress note.
  - Most common error: missing individual name or page number on subsequent pages of a multiple page progress note.
Billing Validation: Most Common Errors (continued)

- Staff Credential is Missing (5%)
  - The writer of the progress note must designate their credential/qualification and, when required, degree and title
  - Common error: not using DBHDD-approved credential. For example, staff listing their title as “Case Manager” instead of “PP” (Paraprofessional) or “S/T” (Supervisee/Trainee) or “Therapist” instead of “LPC”

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2. Approved Behavioral Health Practitioners

The below table outlines the requirements of the approved behavioral health practitioners. Abbreviations for credentials recognized in the Practitioner Level system are noted below. These approved abbreviations must be on the signature lines in documentation where credentials are required (i.e. orders for services, progress notes, etc.). For those staff members (PP, CPS, S/T, etc.) whose practitioner level is affected by a degree, the degree initials must also be included. For example, if a Paraprofessional is working with an applicable Bachelor of Arts degree, he or she would include “PP, BA” as his or her credentials.

<table>
<thead>
<tr>
<th>Professional Title &amp; Abbreviation for Signature Line</th>
<th>Minimum Level of Education/Degree / Experience Required</th>
<th>License/ Certification Required</th>
<th>Requires Supervision?</th>
<th>State Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (M.D., D.O., etc.)</td>
<td>Graduate of medical or osteopathic college</td>
<td>Licensed by the Georgia Composite Board of Medical Examiners</td>
<td>No. Additionally, can supervise others</td>
<td>43-34-20 to 43-34-37</td>
</tr>
<tr>
<td>Psychiatrist (M.D., etc.)</td>
<td>Graduate of medical or osteopathic college and a residency in psychiatry approved by the American Board of Psychiatry and Neurology</td>
<td>Licensed by the Georgia Composite Board of Medical Examiners</td>
<td>No. Additionally, can supervise others</td>
<td>43-34-20 to 43-34-37</td>
</tr>
<tr>
<td>Physician’s Assistant (PA)</td>
<td>Completion of a physician’s assistant training program approved by the Georgia Composite Board of Medical Examiners -- at least 1 year of experience in behavioral healthcare required to supervise CRRP, CPS, or PP staff</td>
<td>Licensed by the Georgia Composite Board of Medical Examiners</td>
<td>Physician delegates functions to PA through Board-approved job description.</td>
<td>43-34-100 to 43-34-108</td>
</tr>
</tbody>
</table>
Billing Tips To Remember
Tips To Remember

**All Services must be:**
- Ordered by qualified/credentialed staff

**All Individuals must have:**
- A verified diagnosis
- Meet admission criteria for services billed

**All Service Codes must:**
- Include the correct modifier (U6 for in clinic, U7 for out of clinic)
- Include location if billed out of clinic (individual’s home, library, park; stating “community” is not sufficient)
Tips To Remember

All interventions must:
• Be related to the interventions as written on treatment plan
• Link to the goals and objectives on the Treatment Plan
• Written to justify the units/time billed
  – Common error: Billing for 2 hours, but only documenting a medication check

All progress notes must be:
• Filed in the individual’s record within 7 calendar days from date of service
  *Remember: best practice standards indicate progress notes be written within 24 hours of the activity
Specifically progress notes must contain:

1. DATE of contact / service
2. DATE you wrote and signed the note
3. Correct CODE
4. TIME and UNITS
5. LOCATION of service
6. CONTENT of Note
7. Your NAME and CREDENTIAL – Legible
8. Your SIGNATURE
Avoiding the “Billing Potholes”

- Use DBHDD approved credential
- Date your signature
- Assure the billed service is a match for what you provided and documented – including modifiers
- Document location of service
- Document the start and end times
- Record the units of billable service
- Be clear and concise
- File the progress note in a timely manner
Questions and Feedback

The Georgia Collaborative ASO
Q: For out of clinic location, is an address required?
A: No, the address is not required, but please include a clear description of the location (home, library, Kroger, etc.).

Q: Is it required to have the second signature for Supervisee/Trainee staff?
A: No. Page 249 of DBHDD Provider Manual (effective date 4-1-2016) states: Supervisee/Trainees do not require a co-signature on progress notes.

Q: What service can a Nurse Practitioner order?
A: Page 216 of DBHDD Provider Manual (effective date 4-1-2016) states: APRNs include Clinical Nurse Specialists and Nurse Practitioners and can order all services.
Q: Will we receive a full detail of the review that provides the answers to each review question per individual?

A: Yes. Please email the lead Assessor from the Behavioral Health Quality Review and request the detail from the review.

Q: Is a print screen detailing the authorization from Provider Connect sufficient to represent the current ASO authorization?

A: Yes.

Q: If an Order for Service was created prior to October 1, 2015, is it still valid for 12 months?

A: Yes.
Questions/Answers

Q: Are educational degrees required for Paraprofessional Credentials?

A: Yes. Page 243 of DBHDD Provider Manual (effective date 4-1-2016) states: For staff members (PP, S/T, CPS) whose practitioner level is affected by degree, the degree must be included. For example, a Paraprofessional working with an applicable Bachelor of Arts degree’s credentials are PP, BA.

Q: Will SAIOP require a verified diagnosis prior to the start of services?

A: SAIOP is unbundled, therefore, you will refer to the individual services for diagnosis requirements.

Q: Can an LCSW order Diagnostic Assessment?

A: Yes. Page 216 of DBHDD Provider Manual (effective date 4-1-2016) states and LCSW can order Diagnostic Assessment.
Thank you

Next in the Quality Training Series:
Whole Health

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborative@beaconhealthoptions.com