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# Quality Assurance Bulletin

Office of Performance Data

County of Los Angeles – Department of Mental Health

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## CLAIMING FOR RECORD REVIEW

Based on the recent Department of Health Care Services (DHCS) Information Notice No.: 17-040: Chart Documentation Requirement Clarifications, record review may be claimed to one of four types of Specialty Mental Health Services: Targeted Case Management (TCM), Mental Health Services (MHS), Medication Support Services (MSS) or Crisis Intervention (CI). The purpose of this bulletin is to describe under what situation record review should be claimed to each type of service.

The determination of the type of service to which record review should be claimed depends on:

- (1) The purpose of the review, and
- (2) The discipline of the person reviewing the records.

With respect to criterion one, if the record review is related to a service activity which falls under the general domain/description of TCM, then TCM should be claimed. Similarly, if the purpose falls under MHS, MSS or CI, then record review should be claimed under that service. Please refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual for a description of each type of service.

For record review, the person reviewing the records and claiming for the activity must also have the appropriate discipline required to provide the service (e.g., a case manager may not claim for record review related to MSS because medication services procedure codes are not within their discipline).

The following provides a brief description of the type of service, the procedure code, and examples of record review for each type of service.

**Mental Health Services:** MHS services typically include individual, group or family-based interventions to reduce mental or emotional disability and restore/preserve functioning. Record review under MHS is to be coded as **90885** when delivered as a stand-alone service and as part of the applicable MHS procedure code when provided as a part of another MHS. Examples include:

- Reviewed the client's assessment and diagnosis for the purpose of identifying salient mental health issues to address in tomorrow's plan development session with client (90885)
- Reviewed the client's school records, including IEPs and Progress Reports, for the purpose of completing the assessment (90885)
- Reviewed the client's treatment plan, recent progress notes and PHQ-9 scales to identify symptoms and areas of functioning to address in today's individual psychotherapy session (applicable Individual Psychotherapy code) **NOTE:** *The record review time would be included as "other time" and would not impact the choice of psychotherapy procedure code*

**Targeted Case Management:** TCM services typically include consultation and intervention on behalf of the client with Social Security, schools, social services, health departments, and other community agencies, as appropriate. Record review for the purpose of TCM-related service activities is to be coded as **T1017** except when provided to clients involved in Intensive Care Coordination (ICC). For these clients the code is T1017HK. Examples include:

- Reviewed client's housing packet for the purpose of ensuring it has all necessary information prior to submitting to housing authority (T1017)
- Reviewed client's work history and educational background in the assessment for the purpose of identifying relevant job opportunities and securing employment for the client (T1017)

**Medication Support Services:** MSS services typically include assessing the need for, prescribing, administering and monitoring psychiatric medications. Record review under MSS is to be coded as **H2010** when delivered as a stand-alone service and as part of the applicable MSS procedure code when provided as a part of another MSS. Examples include:

- Reviewed the client's assessment, diagnosis, and treatment plan for the purpose of gathering information and preparing for the client's Initial Medication Evaluation tomorrow (H2010)
- Reviewed the client's lab results to determine if any changes in medications are needed (H2010)
- Reviewed the client's assessment, diagnosis, and treatment plan for the purpose of gathering information for today's Initial Medication Evaluation (applicable Evaluation & Management code)  
**NOTE:** *The record review time would be included as "other time" and could impact the choice of E&M procedure code due to complexity*

**Crisis Intervention:** CI is an emergency response service which typically includes evaluating the current status of a client's mental and emotional state, enabling a client to cope with a crisis, and assisting the client in regaining their status as a functioning community member. Record review for the purpose of CI-related service activities is to be coded as **H2011**. Examples include:

- Reviewed the client's assessment, diagnosis, recent progress notes (including Crisis Evaluation Progress Notes), Columbia Suicide Risk Assessments, Risk Evaluation Tools, past 5150's and mental health service history for the purpose of preparing for a PMRT crisis evaluation (H2011)
- Reviewed the client's recent Crisis Evaluation Progress Note, diagnosis, Risk Evaluation Tool, 5150 and mental health service history for the purpose of assisting law enforcement with the client who has barricaded himself into a motel room (H2011)

**REMINDER:** *Medical necessity criteria must be met, including the assignment of a Medi-Cal "included" diagnosis, for record review to be claimed through the use of any procedure code. The only exceptions are for record review conducted during the assessment process or for the purpose of crisis intervention.*

The Guide to Procedure Codes has been updated to include record review as part of the description for T1017, H2010 and H2011. The definition of 90885 has also been updated.

If directly-operated or contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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