# Answer Rationales for QA Knowledge Assessment Survey #9

**1)** If a practitioner has 1 service contact where they provided Rehabilitation for the majority of the session and then provided some TCM, which of the following would be done?

A. They would write a single progress note documenting both services.
B. They must write 2 progress notes, documenting each service in a separate note.
C. A single claim would be submitted using the predominant service code.
D. A and C

**Question 1 Best Answer:** D

## Rationales for Question 1 Answer Options

**Option A: *They would write a single progress note documenting both services.***

Per guidance provided by the QA Unit via the **Organizational Provider's Manual** (Rev. 6/26/24), **QA Bulletin 23-04** (CalAIM Payment Reform), and online trainings and webinars (accessible on the **Quality Assurance Website**), if multiple interventions/services are provided in the same contact, only a single note is required to be written, describing all interventions, and a single claim submitted using the procedure code that describes the primary service provided. The code selected for the progress note should be as specific as possible to describe the predominant service.

**Option B: *They must write 2 progress notes, documenting each service in a separate note.***

Option B, "***They must write 2 progress notes, documenting each service in a separate note***" is not consistent with guidance that has been provided by the QA Unit via the Organizational Provider's Manual (Rev. 6/26/24), QA Bulletin 23-04 (CalAIM Payment Reform), and online trainings and webinars. Writing 2 separate notes is not required if there is a predominant service during the service contact, like the example in the scenario for Question #1. Please also see rationale for Option A above.

**Option C: A single claim would be submitted using the predominant service code.**

See rationale for Option A above.

**Option D: *A and C***

Both Options A and C are accurate statements, see their rationales above. Option B is inaccurate and inconsistent with guidance that has been provided by the QA Unit. Therefore, this option (D) is the best answer.

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**2)** If a practitioner has 2 service contacts for the same client on the same day where they performed the same activity (e.g., Rehabilitation on the phone in the morning, then rehabilitation in person later in the day) which of the following is true?

A. They can document the 2 service contacts in one note.
B. They can document each service contact in its own separate note (2 notes).
C. Whether documented in 1 or 2 notes, a single claim must be submitted combining the duration of both service contacts.
D. All of the above

**Question 2 Best Answer:** D

## Rationales for Question 2 Answer Options

**Option A**: ***They can document the 2 service contacts in one note.***

Per the **Organizational Provider's Manual** (Rev. 6/26/24), "***to ensure multiple encounters of the same service to the same client on the same day by the same practitioner are not denied as duplicate services, a single claim shall be submitted combining the duration of the contacts. (DHCS Billing Manual). Because most electronic health record systems generate claims based on progress notes, a single progress note may be written indicating the total duration of the contacts as well as the content of all contacts for that day. Documentation should be clear that there were multiple contacts.***" Also, per the **Guide to Procedure Codes (Rev. 7/1/24)**, **"*If there are multiple encounters for the same service for the same client by the same practitioner on the same day, only one note is required to be written and one claim shall be submitted incorporating the total duration of direct care for all encounters in that day. This does not apply to the group HCPCS codes, including H0025, H2017:HQ, and H0034:HQ; in which separate notes may be written, and separate claims may be submitted.***"

**Option B**: ***They can document each service contact in its own separate note (2 notes).***

Per guidance provided by the QA Unit via QA information sessions (QA/QI Monthly Meetings and QA On the Air), the Organizational Provider's Manual (Rev. 6/26/24), and the Guide to Procedure Codes (Rev. 7/1/24), with the exception of Group Rehab codes (Group Rehabilitation - H2017:HQ, Group Medication-H0034:HQ, Group Peer Support by Certified Peer Specialist - H0025), to ensure multiple encounters of the same service to the same client on the same day by the same practitioner are not denied as duplicate services, submit a single note and claim combining the content and duration of the contacts. If it is not possible to write a single progress note due to the first note having already been finalized at the point of the second contact, providers may write a second note so long as the added total duration of the two contacts is on one claim. The first claim would need to be voided in order to avoid denial.

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**Option C**: ***Whether documented in 1 or 2 notes, a single claim must be submitted combining the duration of both service contacts.***

See response for Option B above.

**Option D (for Question 2)**: ***All the above***
Answer options A, B and C are consistent with the requirements listed in the Guide to Procedure Codes (Rev. 7/1/24) and guidance from the LACDMH QA Unit related to documenting and claiming for the same service delivered by the same practitioner to the same client on the same day, therefore this option (D) is the best answer.

**3)** Which of the following would be considered duplicate services and result in a claim denial?

**A.** A practitioner submitting a progress note twice, in error, for one service encounter where they delivered one service to a client, and 2 claims were submitted.
**B.** A practitioner having had 2 separate service encounters, providing Individual Therapy (with same service code) at different times within the same day to the same client. Each encounter was documented on a separate note and submitted as separate claims (2 claims submitted)
**C.** Both above

**Question 3 Best Answer:** C

## Rationales for Question 3 Answer Options

**Option A**: ***A practitioner submitting a progress note twice, in error, for one service encounter where they delivered one service to a client, and 2 claims were submitted.***

See rationale for Option B below.

**Option B**: **A practitioner having had 2 separate service encounters, providing Individual Therapy (with same service code) at different times within the same day to the same client. Each encounter was documented on a separate note and submitted as separate claims (2 claims submitted).**

Per the **Organizational Provider's Manual** (Rev. 6/26/24), "***to ensure multiple encounters of the same service to the same client on the same day by the same practitioner are not denied as duplicate services, a single claim shall be submitted combining the duration of the contacts. (DHCS Billing Manual). Because most electronic health record systems generate claims based on progress notes, a single progress note may be written indicating the total duration of the contacts as well as the content of all contacts for that day. Documentation should be clear that there were multiple contacts.***" Also, per the

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current edition of the **Guide to Procedure Codes (Rev. 7/1/24)**, "***If there are multiple encounters for the same service for the same client by the same practitioner on the same day, only one note is required to be written and one claim shall be submitted incorporating the total duration of direct care for all encounters in that day. This does not apply to the group HCPCS codes, including H0025, H2017:HQ, and H0034:HQ; in which separate notes may be written, and separate claims may be submitted.***" Per guidance provided by the QA Unit during QA information sessions (QA/QI Monthly Meetings and QA On the Air), if it is not possible to write a single progress note due to the first note having already been finalized at the point of the second contact, providers may write a second note so long as the added total duration of the two contacts is on one claim. The first claim would need to be voided in order to avoid denial. If a second claim has to be submitted because the first claim was already submitted, then the second claim can be submitted with the XE modifier for those codes listed in the "Second Service Requiring a Modifier" column for that code [in the Guide to Procedure Codes (Rev. 7/1/24)].

**Option C: *Both above***

Since both A and B would, Option C, "Both above"

**4)** If a clinician provided Family Therapy – 90847 and Individual Therapy - 90832 in the same day to the same client…

A. they would need to submit 2 notes, documenting each service in a separate note.
B. 2 separate claims would need to be submitted, the first (Family Therapy) approved before the second (Individual Therapy) can be submitted.
C. a modifier (i.e., XE) would be added to the service code for the Individual Therapy.
D. All of the above
E. None of the above

**Question 4 Best Answer:** D

## Rationales for Question 4 Answer Options

**Option A: … *they would need to submit 2 notes, documenting each service in a separate note.***

Per guidance provided by the QA Unit during QA information sessions (QA/QI Monthly Meetings and QA On the Air) and consistent with the **Guide to Procedure Codes (Rev. 7/1/24)**, when there are two services provided to a client on the same day by the same practitioner but in different encounters and the Guide to Procedure Codes (Rev. 7/1/24) indicates that there is a "Practitioner Second Service Requiring Modifier" then two notes

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should be written, two claims submitted and a modifier added to the claim/service requiring a modifier per the Guide to Procedure Codes (Rev. 7/1/24).

**Option B**: ***…2 separate claims would need to be submitted, the first (Family Therapy) approved before the second (Individual Therapy) can be submitted.***

Per guidance provided by the QA Unit during QA information sessions (QA/QI Monthly Meetings and QA On the Air) and consistent with the Guide to Procedure Codes (Rev. 7/1/24), when there are two services provided to a client on the same day by the same practitioner but in different encounters and the Guide to Procedure Codes (Rev. 7/1/24) indicates that it is a "***Practitioner Second Service Requiring Modifier***" then two notes should be written, two claims submitted and a modifier added to the claim/service requiring a modifier per the Guide to Procedure Codes (Rev. 7/1/24). Also, the recommendation per the QA Unit has been to wait until the first service was approved to help ensure the second service with the modifier doesn't get denied.

**Option C**: ***… a modifier (i.e., XE) would be added to the service code for the Individual Therapy.***

Per the current edition of the Guide to Procedure Codes (Rev. 7/1/24), "***Practitioner Specific Lockouts are codes that cannot be billed together by the same practitioner on the same day. Sometimes lockouts can be overridden with an appropriate modifier.***" See the "***Practitioner Second Service Requiring a Modifier (Per Day)***" column in the specific code tables for 90847 (Family Psychotherapy) and 90832 (Individual Psychotherapy) in the Guide to Procedure Codes (Rev. 7/1/24).

**Option D**: ***All the above***

Answer Options A, B and C are all accurate and consistent with the Guide to Procedure Codes (Rev. 7/1/24) and guidance provided by the QA Unit, therefore, Option D is the best answer.

**Option E**: ***None of the above***

Answer Options A, B and C are all accurate and consistent with the Guide to Procedure Codes and guidance provided by the QA Unit, therefore, Option E of "None of the above" is not a correct/best answer option.