

QUALITY MANAGEMENT MEMO

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

To: DMC-ODS Outpatient and Residential Providers **Date:** October 2, 2019

From: Tim Tormey, Behavioral Health Program Coordinator, SUD Quality Management

Re: **Physical Examination Requirements**

Dear Outpatient and Residential Providers in the DMC-ODS:

The SUD QM team has received several questions regarding the reasons for disallowance as related to physical exam requirements, specifically around the results of the physical exam and physician's signature. Disallowance of service occurs when the physical examination requirements are not met as described below:

1. Clients are required to have a physical examination. If they have had one within the 12-month period prior to admission, the physician shall review the results within 30 calendar days of admission (for outpatient; 10 days for residential). The physician shall type or legibly print their name, sign, and date documentation to support that they have reviewed the physical examination results, and the signature shall be adjacent to the typed or legibly printed name. (This may be done on the physical examination results themselves, in a progress note, or on a form of the program's creation).
2. If the client has not had a physical within the 12-month period prior to admission, the physician may perform a physical examination within 30 calendar days of admission (for outpatient programs.) Residential programs are required to have obtained capability through DHCS for Incidental Medical Services, or IMS, for this option. Residential program due date is within 10 days of admission.
3. If neither 1 nor 2 have taken place, then a goal of obtaining a physical examination must be included on the initial and updated treatment plans. This goal should remain on the treatment plan until the physical examination results have been received and the physician has reviewed them and signed documentation of the review as described above.
4. In all instances, a copy of the physical examination results must be filed in the chart.

The SUD QM team began discussing the reasons for disallowance with providers in June, 2019. Monitoring to these reasons began with reviews that included new clients and new treatment plans as of August 1, 2019.

As a reminder, currently, when services are identified as disallowed during a review (such as a QAR, TA or upcoming MRR), the program is required to change the services to non-billable in SanWITS to ensure the services appear in the appropriate category on the invoice.

If you have any questions regarding this information, please direct them to the QI Matters email: QIMatters.HHSA@sdcounty.ca.gov



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