

Internal Case Consultation

Rule of Thumb: If the information is routinely available in the client record to be reviewed by team and does not require additional consultation between staff, it may not be billed as a medically necessary reason to consult.

Circumstances under which Internal Case Consultation may be billed:

1. Interdisciplinary Treatment Team Meetings

- Multiple team members may meet to review and update treatment or the care plan for a member on their caseload. This includes case consultation when an adjustment to treatment plan is made. This does not include routine review and updates.
 - *Please note:* This type of service does not include a Program's regular weekly scheduled clinical treatment team case meetings to assign new cases, etc.
- *Documentation:* The documentation must indicate how the change is medically necessary to address the needs of the client and result in a change or clarification of care planning. The service may not be documented for multiple clients within one service.
- *Billing*
 - This service may not be billed for routine case review and/or consultation.
 - Physicians may bill the full time of this meeting.
 - Other disciplines may bill for only their unique contribution. This is to be documented in the client record as a service using the billable code permitted for the credential of the provider.
 - Interdisciplinary Team members, including LPHAs, may use **Team Case Conference with Client/Family absent**. Prescribers may utilize **Medical Team Conference, Participation by Physician. Pt and/or Family Not Present**. These codes fall under Plan Development/Care Coordination and are billable.
 - OQP and MHRS staff who were involved, may bill utilizing TCM/ICC.

- The interdisciplinary team must have a minimum of 3 members - otherwise it is a TCM service
- *Example: Treatment team meets to review client Tx progress. Client A includes review with psychiatrist, clinician, and MHRS staff. Clinician shares client report of increased depressive symptoms and concerns of SI. MHRS shares which coping strategies have been practiced with client and that client has reported they have not been successful. Psychiatrist shares she will review medications and side effects with client and potentially make changes. Clinician and MHRS review additional coping strategies to teach and practice with client. Clinician determines to pause family therapy until symptoms improve to focus on individual sessions.*
 - The entire meeting may be billed by psychiatrist. Clinician and MHRs may each bill for their direct contributions to the meeting but may not bill for the full time.

2. Consult between Clinical and Residential Staff

- Clinical staff may bill consultation with residential staff when the service is to address the client's behavioral health needs.
- *Documentation:* Documentation must address the medical necessity and how it addresses the behavioral health needs of the client. Billable for LPHA and MHRS Staff using TCM/ICC.
- *Billing*
 - Staff may bill for the entirety of the service time as they are actively sharing and/or receiving information about the client to inform treatment.
 - Only the portion of the conversation relevant to the client and their treatment may be billed.
 - Routine check-in and consultation are not billable.
- *Example: Residential staff meets with clinician to report client behaviors are being impacted by recent visits with family and they consult to incorporate interventions to help client better tolerate the visits.*
 - Clinician bills for entirety of the meeting spent on client.
 - Residential staff do not bill so there is no risk of "double billing"

Consult between Clinical and Medical Staff

- Clinical staff may bill when meeting with medical staff for the purpose of medically necessary contributions to the needs of the client. LPHA and MHRS staff may bill using **TCM/ICC**
- *Example: Clinician notices increased symptoms after client begins new medication and consults with psychiatrist. Psychiatrist determines dosage needs to be adjusted. Clinician bills for time of contribution with psychiatrist.*
 - Psychiatrist bills for entirety of the meeting.

Internal Consult with Clinical Staff

- Consultation between the clinician and other clinical staff (MHRS, OQP, Supervisor(s), Program Manager(s))
- *Billing*
 - May be billed when providing a medically necessary update to the client's treatment plan. Routine review or brief check-ins to update staff is not billable.
 - Medically necessary consultation to address the client's behavioral health needs may be billed for the time spent actively engaged in addressing or discussing the client's specialty mental health needs.
 - Service may not be combined with review of multiple clients. Clinical Supervision, whether in meetings or one-on-one is not a billable service.
- *Example: Clinician met with MHRS to address increase in anxious symptoms client has reported in previous session. Clinician and MHRS review and agree upon potential coping strategies MHRS will include in next TCM session to support reduction of client symptoms to ensure treatment is aligned.*
 - Clinician and MHRS may each bill for half of the time met.
 - LPHA and MHRS staff may bill under **TCM/ICC**