



# Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	127
<b>Policy Title</b>	Medicare Billing Control
<b>References</b>	W&I SECT. 5328; Title 42, Code Of Federal REGULATIONS; Of, California Medical Information Act; Centers For Medicare And Medicaid Services
<b>Form</b>	Medication Progress Notes I, II (Attachment 1); Staff Service Log (Attachment 2)
<b>Effective</b>	September 15, 1994 Revised: July 1, 1998 Revised: March 27, 2006 Revised: April 1, 2009

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## Policy

It is the policy of MCBHD that all appropriate services and documentation are billed to Medicare. For the purpose of this policy, only Service Function 361 (Medication Support Services) will be billed and only clinical staff with the scope to provide Medication Support Services may bill (M.D. and RN).

## Procedures

1. Clinical staff (M.D. and RN) must complete the medical record documentation (Attachment 1), in compliance with Medicare standards (assessment, goals, plan, M.C. orders, and progress notes).
2. Clinical staff providing the Medication Support Service must make an entry for every face to face service (only face to face service may be billed) on the day the service was provided (Attachment 1). ALL AREAS OF THE PROGRESS NOTE MUST BE COMPLETE AND LEGIBLE FOR EACH VISIT. The progress note must include but not be limited to:
  - a. Benefits received from the medication prescribed;
  - b. Evaluation of presence/absence of side effects. If present, what did the clinician do?
  - c. Consumer's compliance to medication plan;
  - d. Consumer education;
  - e. Any new plans;
  - f. Clinician's signature, including full name and credential.
3. Clinical staff that provide and document service shall indicate on their STAFF SERVICE LOG (Attachment 2), under the last column "DOC" a letter "M" which represents Medicare. A MEDICARE RECORD WILL IDENTIFY ALL MEDICARE CONSUMER'S MEDICAL RECORDS.

29 4. Clinical staff shall copy progress notes documentation (Attachment 1) on the day the medication  
30 service was provided and attach that document with their staff daily log.

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32 5. Clerical staff entering the staff daily log will remove and give the progress note documentation to  
33 the Medical Director.

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35 6. The Medical Director will review the service documentation for medical necessity. Progress  
36 notes that do not meet medical necessity criteria will be returned to the clinical staff with  
37 recommendations. Training will be provided to clinical staff regarding medical necessity  
38 documentation.

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40 7. After review and approval, the Medical Director will give the progress note documentation to the  
41 Medical Record Technician for filing and future submission to Medicare if requested.

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MEDICATION PROGRESS NOTES I				
Date	Length of Visit	Service Code	Location	DIAGNOSIS
Weight (every visit) -		BMI:	Blood Pressure:	Pulse rate:
Benefits (every visit) Include Mental Status:				
Side Effects (Please include weight gain/loss, glucose, cholesterol, sexual side effects, tardive dyskinesia, and others) and Treatment (every visit):				
Medication Education (every visit): Please address nutrition, exercise, alcohol and drug, smoking, drug interaction, and other:				
Plan for the following:				
Medication:				
Compliance <input type="checkbox"/>		Follow up:	Other:	
Referral:				
Laboratory Results and/or Orders:				
MD Signature:				
Client Name		Client Record #	Date of Birth	

Monterey County Behavioral Health Services  
**Medical Staff**  
**Medication Progress Record**

See California Welfare & Institutions Code Section  
5328; Title 42, Code of Federal Regulations; or  
California Medical Information Act

BHS-MSPN Revised 1/2005

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ATTACHMENT 1



NAME \_\_\_\_\_ STAFF # \_\_\_\_\_ SERVICE DATE \_\_\_\_\_

CLIENT NAME	CLIENT #	PROCEDURES/MINUTES/LOCATION				GROUP #	DOC
		SH	LOC	SH	LOC		

I hereby certify, under penalty of perjury, to the following: 1. An assessment of the beneficiary has been done and the client meets Medical Necessity as set by Title 9; 2. A client plan has been developed and is currently maintained for each client listed for whom services will be billed as per the MHP contract with the State; 3. That I personally delivered and documented the services included in the claim as listed above.

SHD-568, Revised 2/2004 Staff Signature \_\_\_\_\_ Staff Title \_\_\_\_\_  
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