

## THERAPY/COUNSELING (pdf)

1. The definition of counseling/therapy refers to psychotherapy. MHPs & QMHPs are not typically trained to do psychotherapy, yet they can bill for the service?

Answer: All providers must only deliver services within their scope of practice, training, and experience.

2. Recently I heard of an event rate one could bill. Our agency is beginning to do a multi-family group which is difficult to bill. Is there another option than the traditional group rate process under individual/family/group therapy?

Answer: The event rate is used in 132 services only for medication administration and case management-LOCUS. There is no event rate for therapy/counseling.

3. Can two Rule 132 services be provided on the same day? For example, individual therapy/counseling and then group therapy/counseling?

Answer: Yes, two services may be provided in the same day. The services provided must be on the treatment plan and provided at different and not overlapping times.

4. The focus of our work is child/adolescent. It is common for us to also work with parents, in how to manage/influence the child's behavior. We often help them learn to manage ADHD or ODD symptoms, and assist them in developing behavior charts and then monitor follow-through to help deal with behaviors. Do we bill this as family therapy or community support?

Answer: The client is the focus of services provided to the parents, i.e., how to manage/influence the child's behavior. Both family therapy and community support may be provided to parents. Billing depends on the intervention with them. Community support focuses on skill building and the development of natural supports while therapy focuses on therapeutic interventions. Be prepared to defend the service that is billed.

5. How can we provide and bill for art therapy under Rule 132?

Answer: This may be a viable service for some clients. However, as a Medicaid reimbursable service, the documentation needs to reflect that there is an assessed need; the service must be on the treatment plan and case notes should reflect therapeutic intervention, not the quality of the art work. Activities such as skill building and assisting clients in the development of interpersonal skills to live, learn and participate in their community is most compatible with the service definitions of Community Support and Psychosocial Rehabilitation.

6. Since MISA and DBT outpatient groups are "specialized" groups, can they be billed as Therapy/Counseling groups?

Answer: MISA and DBT groups can be billed as Therapy/Counseling Groups if they meet Rule 132 requirements for therapy/counseling.

7. We do DBT, which seems to fit into more than one category. I had it in PSR because of the skills training, CBT aspects, and frequent need for Community Support, supporting the skills and prevention of symptoms, often during off-hours. Medicare considers it Group Therapy. Somewhere in the trainings, it was split out as an outpatient specialty group. Can I put it into PSR Services? On the notes, can we call it PSR/Group Therapy to please both MRO and Medicare?

Answer: Under Rule 132 parts of DBT could be billed as Therapy/Counseling, Community Support, and/or PSR services. When billing both MRO and Medicare for a given intervention, we recommend you indicate the payor next to each service title, e.g., PSR (MRO)/Group Therapy (Medicare). Additionally, care must be taken to not bill multiple payers for the same service.

8. Is skills training, e.g., DBT, allowed as Individual Therapy and/or Group Therapy/Counseling component, and what are some examples of appropriate outcomes?

Answer: DBT is allowed as individual or group therapy/counseling and should be billed as therapy/counseling. Skills training that meets rule 132 requirements for PSR service can be billed as PSR Service.

9. Is therapy/counseling counted as part of PSR service?

Answer: No, therapy/counseling should be billed as therapy/counseling (see Reimbursement Guide). It is not part of the PSR schedule.

10. 1) If group therapy is scheduled and only one member shows up and the clinician meets with him/her - is this still billed as group therapy or as individual therapy? 2) If individual therapy is a service on the treatment plan and one clinician's name is down as the person responsible, does this mean that they are the only clinician at the agency who can provide individual therapy for the client?

Answer: Group therapy is defined as therapy for 2 or more individuals together. Therapy for only one person is not group therapy. The staff person indicated as responsible is not necessarily the staff person who delivers the service. Yes, other qualified staff can deliver any service.

11. I was told that with some of our past audits, we were supposed to produce a group sign in sheet for our Mental Health Intensive Outpatient Services (MHIOS) program for the auditors to review. When I read the Guidelines, instructions and checklist that the auditors use, only PSR and CSG require a roster for review. Adult and adolescent MHIOS do not require this. They only require a schedule. Do we need to keep sign in sheets/rosters for MHIOS?

Answer: Mental health intensive outpatient services, although they can be provided in a group, do not have required group sizes or ratios. Therefore, there is no need for a group list as long as it can be verified that group services actually took place instead of individual services.

12. If an agency is providing Multifamily Therapy, which would be provided in a group setting with family members of multiple consumers, would this be categorized as Therapy/Counseling group, or as Family Therapy. I am assuming that based on the rate structure our definition of Therapy/Counseling Family, is based on serving only one family, or the family of one consumer at the session, and the rate structure for Therapy/Counseling Group is to support a service in which the family of more than one consumer is participating. Please advise if this is a correct interpretation.

Answer: This would be group therapy because you don't have the ability to deal with the single family dynamics that you would in a family therapy session with only one family.

13. In our agency there is a need for formal face-to-face group psychotherapy sessions for family/foster family members on behalf of some of our child/adolescent clients who function in a particularly stressful environment. In the Service Definition and Reimbursement Guide it states that "Services to the family on behalf of the client should be reported and billed using the code for family therapy and counseling." Can we do so, or do we need to bill group psychotherapy if the service is to members of more than one family at the same time?

Answer: This should be billed as group therapy/counseling. It will be important that the benefit to each client be documented in their specific record. Also, remember that the documentation in each client record may not include the names of other clients.

14. Someone has a diagnosis of anxiety. You are working on not only the cause but are using techniques to alleviate the problem such as thought stopping or relaxation techniques. Is this all billed under therapy or does it have to be broken down to individual skills training? This would be a problem since this is on site.

Answer: What you describe sounds like therapy/counseling. However, your agency must make the clinical judgment about the most appropriate service to bill for each session. Please refer to the rule, the Guidelines, Instructions and Checklist and the Service Definition and Reimbursement Guide for assistance in making those decisions.

15. Neither the rule nor the interpretive guidelines say anything about incidental telephone calls between sessions not being therapy/counseling. The Guide includes this language, but doesn't really say what incidental telephone calls are. How should billing for these calls be submitted?

Answer: How you bill depends upon what you are doing during the call. When working with a client on difficult coping issues that come up between scheduled sessions, such as just finding out they have a terminal illness, a fight with family/friend, a severe depressive episode, etc., what you are really doing is therapy/counseling by phone, and the Rule allows that. If you are doing therapy/counseling by phone, you should bill for it. If during the call, you are working on helping the client build the skills to deal with these sorts of issues, then it would be CS-Individual.

16. If different therapists see siblings and the parent requests a family therapy session - can each therapist bill for the time focusing on their specific client in the family session?

Answer: No. Only one therapist may bill for one family therapy session.

17. A local nursing home does not offer DBT and would like their client to receive those services at our agency. The nursing home does provide individual and group therapy. Can we provide DBT? If we were allowed to provide DBT, would it look like double billing?

Answer: While this consumer is likely not part of the DMH target population, there is nothing in policy that forbids your providing services to her/him. We do, however, urge you to assess medical necessity for DBT yourself. The same requirements apply to this consumer as to any other. There must be a mental health assessment, a diagnosis, a treatment plan containing the need for therapy to address a goal, updates, etc. It is not double billing unless two providers bill for the same service at the same time.

18. Cinema, books and music containing topics related to recovery and their application to everyday life are sometimes used as a therapeutic group tool to help consumers. Is the time spent with these groups billable if no facilitation occurs? For example, during approximately 15 minutes within a one-hour period, the group may listen to music, read a book excerpt, or watch a movie scene, and follow that with a discussion.

Answer: No. When staff provides a specific service to a specific person(s) per a treatment plan, that service is billable. When staff is observing, that is not billable.

19. Can staff provide Therapy/Counseling to clients on-site at a Residential facility, or do they need to use CS-Residential no matter what type of service they are providing?

Answer: Community Support services provided in supervised residential, crisis residential or CILA should be billed as CS-Residential. Any other service provided to clients in residential sites should be billed as the service provided, (Therapy/Counseling in this instance), not as Community Support.

20. Is it necessary to document the interactions among group members in a Group Therapy/Counseling note?

Answer: Yes. As for all services, the note must describe the intervention provided and the client's response to it in relation to his/her goals/objectives. For confidentiality, no other client's name may be listed in the note.

21. We just launched our first set of Multi-Family Group Therapy sessions two weeks ago. We have 8 families involved. The weekly session starts out with the full 8 families together, then we break into smaller groups, then back to the full group for additional work. Should this be billed and coded as group therapy/counseling?

Answer: This should be billed as group therapy/counseling. In fact, during the smaller break out groups, the time must still be billed as one group. (9/1/11)

22. I have several questions on how to document and bill for group therapy services: (1) Is the ratio 2:1 at a minimum? (2) Is there a cap on frequency/duration? (3) What is

documentation requirement for group therapy? (4) If there are 5 members in a group with 2 facilitators, how do we bill and document?

Answer: The specific requirements for the provision of Therapy/Counseling can be found in 59 Ill. Adm. Code 132 (Rule 132) at 132.150(d). specific documentation requirements can be found at 132.100(i). The rule is available online at <http://www.dhs.state.il.us/page.aspx?item=56754>. Specific to your questions above: (1) While there is no ratio specified, yes, the minimum is 2 consumers to 1 staff. You cannot have a group without at least 2 consumers. (2) There is no cap on frequency or duration, but all services provided must be medically necessary. Additionally, please note DMH utilization management criteria found at <http://www.dhs.state.il.us/page.aspx?item=52733>. (3) See 132.100(i) as noted above. (4) You may only bill for one staff person providing group therapy/counseling regardless of how many staff you have in the group. (12/1/11)

23. Are there a maximum number of clients allowed to participate in a therapy/counseling group that we can bill for?

Answer: No, but it must be reasonable for the staff to actually be able to provide medically necessary therapy/counseling to the group. (12/1/11)

24. We would like to run a parent support group/psycho-ed group to our clients' parents. Therefore, if we run an 8 week group for 2 hours/week and there are 6 participants in this group (1 parent per client), would we bill 2 hours for each client's parent participation in group therapy? If that is correct, then that clinician/facilitator would earn a total of 12 billable direct hours.

Answer: First, you must always bill as services to a particular enrolled client. The services must be provided relative to the client's needs, not the parent's. Second, the services must be medically necessary and specified on the ITP as directed by the MHA. Finally, if that is the case, then yes, there would be 12 hours of therapy/counseling at the group rate billed by the clinician. Additionally, whenever a client reaches 10 hours of therapy/counseling (individual, group and/or family) in a fiscal year, she/he may not receive more without a medical necessity review and authorization by DMH. (12/1/11)