**To:** Mental Health System of Care Providers **Date**: 7/2/18

**From:** Steve Jones, LCSW, QM Program Manager

**Re:** Billing for Co-practitioners – Interim Process

**Effective:** July 2, 2018

The Department of Health Care Services has recently published Informational Notice 18-002 which has changed the billing method for Co-practitioners. Counties (MHPs) are now required to submit a separate claim for each provider, including the unique NPI number for each provider.

Unfortunately, at this time, Cerner is unable to accommodate this requirement, and therefore QM has had to develop an interim process to allow the non-claiming providers to be able to account for their productivity time for the work they are providing while following the State requirements.

Therefore, co-practitioners can no longer be included on progress notes or for billing. The co-practitioner will need to document on a separate progress note.

**Interim Claiming Process for Co-Practitioner**

**Group Notes:** The Lead server will bill for the entire group and document accordingly, not attaching the co-practitioner to the service encounter. The co-practitioner will open a separate group progress note, and shall use the SC 815, documenting their unique contribution to the group service.

* All Medi-Cal documentation and billing standards are in effect for the billable and non-billable interim group process. The non-billable group shall include the required documentation as if the collateral server were to be claimed for payment.

**Individual Services:** The Lead server will document and bill the specialty mental health service per current standards. The co-practitioner will separately document and bill time for their unique contribution for the specialty mental health service.

Please direct any questions and/or comments to the QI Matters mailbox:  [**QIMatters.HHSA@sdcounty.ca.gov**](mailto:QIMatters.HHSA@sdcounty.ca.gov)