**Direct and Non-Direct Patient Care Services – Billable and Non-Billable Services**

**Direct Patient Care**

* Direct patient care includes time spent meeting directly with the patient *as well as* caregivers, significant support persons, or other support people (including professionals such as teachers) on behalf of the patient and as applicable, when meeting directly with caregivers, significant support persons or other support people, without the patient present.
* Some direct patient care codes involving reviewing the chart *may* be billable in the absence of patient contact. Providers should review service definitions to determine if client must be present in order to claim service time.
* It does **not** include travel time, administrative activities, chart review, documentation, utilization review, quality assurance activities, or other activities prior to, or after, a patient service is provided.

**SMHS Billing Manual Definition of Direct Patient Care:** *If the service code billed is a patient care code, direct patient care means time spent with the patient for the purpose of providing healthcare. If the service code billed is a medical consultation code, then direct patient care means time spent with the consultant/members of the beneficiary’s care team. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit.*

**Travel Time**

* Time spent traveling to and from a place where services are rendered during which time no services are provided and the patient is not present.
* Should be documented in billing for tracking purposes only. Travel time does get figured into productivity.

**Documentation time**

* Time spent documenting services, including writing progress notes, assessments, plans, and other documents.
* Like travel time, documentation time should be documented for tracking purposes and will factor into productivity.

[CalAIM Behavioral Health Payment Reform FAQ](https://www.dhcs.ca.gov/Documents/CalAIM-Payment-Reform-Frequently-Asked-Questions.pdf)

**Can providers bill for services when the member is not present?**

If the service code billed is a member care code claimable service time means time spent with the member for the purpose of providing healthcare. If the code billed specifies activities that are not direct member care but that are for the benefit of the member or the member’s support persons, those activities are allowed, so long as activities are being conducted that would be billable if the member was present. For example, CPT code 99202 (office or other outpatient visit –Prescriber New E/M) includes “medically appropriate history and/or examination” as part of the services described by the code. According to the Evaluation and Management Services Guidelines in the 2024 CPT codebook, this means “the care team may collect information, e.g., by electronic health portal or questionnaire.” If consolidating and synthesizing clinical information which is a part of the member’s medical record to make recommendations for treatment or to make a medical diagnosis, then the activity would count as service time and is claimable even in the event the member is not present. If the service code billed specifies a case management service or a consulting service on behalf of the member, those activities are allowed. In those situations, claimable service time is time spent consulting on behalf of the member with specialist(s) and/or with the member’s support person(s). Claimable service time does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in that are either already included in the rate for the service code or are claimed separately by the county.

**Does Medi-Cal cover and reimburse for services provided to a beneficiary’s supports when a beneficiary is not present?**

Yes, depending on the covered service being performed. Supplement 3 to Attachment 3.1-A describes the Specialty Mental Health Services (SMHS), Substance Use Disorder Treatment Services (DMC), and Expanded Substance Use Disorder Treatment Services (DMC-ODS) that are available to Medicaid (Medi-Cal) beneficiaries. These covered services may include contact with significant support persons or other collaterals who participate in the planning for and treatment of the beneficiary. If the covered service requires that the beneficiary is present, then the collateral contact must occur when the beneficiary is present. If the covered service does not require the beneficiary to be present, the collateral contact may occur when the beneficiary is not present. The updated version of the Billing Manual reflects this.

**Non-Direct Patient Care Time**

**Will counties be reimbursed for time spent preparing to see a patient and time spent on post service activities?**

Counties should only consider direct patient care time, as defined in the billing manual, when choosing the most appropriate code to bill. However, this does not mean that counties would not be reimbursed for activities such as chart review, documentation, and other activities associated with preparing to see a patient or post service time. The rates DHCS pays to counties were adjusted to incorporate the cost for staff time not spent on direct patient care, which includes activities the provider engages in before and after seeing a patient, and “no shows”

**Questions to consider when thinking of claiming for a service:**

* What specialty mental health services am I providing?
* Am I just a taxi driver? Why or why not?
  + Could the client access the services on his or her own?
  + Could the client make use of transportation to access their appointment?
  + If not, what is the impairment/barrier related to their mental health that prohibits them from meeting their needs?
* What is your role? Acting as an advocate, monitor, liaison, provide emotional support, provide collateral information, and/or provide psycho-education to the client.

**Note:** just answering yes or no to the above questions, does not necessarily make the service billable, however it could provide a way to look at whether the service should be billed.

**Non-reimbursable/non-billable activities:**

* Preparing documents for court testimony for the purpose of fulfilling a requirement; whereas when the preparation of documents is directly related and reflects how the intervention impacts the beneficiary’s behavioral health treatment and/or progress in treatment, then the service may be billable.
* Completing the reports for mandated reporting such as a CPS or APS.
* No service provided: Missed visit. Waiting for a “no show” or documenting that a beneficiary missed an appointment.
* Services under minimum required billing minutes.
* Traveling to a site when no service is provided due to a “no show”. Leaving a note on the door of a beneficiary or leaving a message on an answering machine or with another individual about the missed visit.
* Personal care services provided to individuals including grooming, personal hygiene, assisting with self-administration of medication, and the preparation of meals.
* Purely clerical activities (faxing, copying, calling to reschedule, appointment, etc.).
* Academic/Educational services, i.e., actually teaching an academic subject such as math or reading.
* Vocational services which have, as a purpose, actual work or work training.
* Multiple Practitioners in Case Conference or meeting: Only practitioners directly contributing (involved) in the beneficiary’s care may claim for their services, and each practitioner’s unique contribution to the meeting must be clearly noted
* Interpretation/Translation; however, an intervention in another language may be claimed.
* Money Management services (i.e., cashing checks, bringing money, buying clothes for the beneficiary).
* Providing transportation ONLY:
* NOTE: “Travel” is not “Transportation.”
  + Travel involves the provider going from his/her “home office”, to the location where a service will be provided.
  + Transportation involves the provider taking the beneficiary/family from one location to another.
  + If a “behavioral health service” is provided during the time a provider is transporting the beneficiary/family, then the time spent providing the service is not “transportation” and that portion of service time may be claimed.

**EXAMPLES OF BILLABLE SERVICES VERSUS NON-BILLABLE SERVICES:**

Academic/Educational Situations:

* **Reimbursable:** Sitting with the beneficiary during class and redirecting beneficiary’s focus when beneficiary is unable sit still.
* **Not Reimbursable**: Assisting the consumer with his/her homework.
* **Not Reimbursable**: Teaching the beneficiary how to type, how to use a computer, access the internet, etc.

Recreational Situations:

* **Reimbursable:** Assisted beneficiary in creating a list of activities which decrease stress/anxiety.
* **Not Reimbursable**: Teaching the individual how to lift weights in order to destress.

Vocational Situations:

* **Reimbursable:** Assisting the beneficiary in learning how to apply for jobs.
* **Not Reimbursable:** Visiting the consumer’s job site to teach him/her how to use a cash register.

Travel/Transportation Situations:

* **Reimbursable:** Providing supportive interaction with a beneficiary while accompanying the beneficiary from one place to another in a vehicle. Claimable time is limited to time spent interacting and needs to support how/why the service was necessary to support client’s identified needs and diagnosis/symptoms.
* **Not Reimbursable**: Taking a beneficiary to a doctor’s appointment and not providing any service other than driving or sitting and waiting with the beneficiary.

Money Management/Budgeting Situations:

* **Reimbursable:** Assisting the beneficiary with budgeting her money at the grocery store so beneficiary could purchase all needed personal care items for the week.
* **Reimbursable:** Brought beneficiary weekly check and helped teach the beneficiary how to budget his/her money, discussed beneficiary’s anxiety levels during this process.
* **Not reimbursable:** Dropped off weekly funds to beneficiary so she/he could purchase clothes