# Plan Development

Service Code: H0032

Plan Development is the process of developing and approving a Client Service Plan, updating the Client Service Plan, and monitoring and reviewing a client's progress towards treatment objectives. This service can be with the client, client's parent/guardian/authorized representative, other mental health staff, and/or other professionals. Plan Development is provided during the development of the initial service plan and for subsequent treatment updates. However, it may be used during other times as clinically indicated to modify the plan to make it relevant to the client's needs. This service code can also be used for documenting chart review – please see parameters below.

**Who Can Use This Code?**

| | Physician | PA | NP | RN | RN with MH/MA | LVN or Psych Tech | L/R/W Psych | L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPPCI | Trainee - post BA/BS and pre MA/MS/PhD | MHRS | Other, Unlicensed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan Development | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

**Billable Services Include:**

- ✓ Creating an initial or annual Client Service Plan with a client and/or authorized representative
- ✓ Involving parent/guardian/authorized representative in client's treatment planning
- ✓ Completing an addendum to an existing Client Service Plan, with client and/or authorized representative participation
- ✓ Reviewing completed CANS/ANSA scores to integrate into Client Service Plan
- ✓ Monitoring progress to evaluate if the Client Service Plan needs modification
- ✓ Discussions with other treatment staff and professionals involved in client's case resulting in Client Service Plan approval, some charted change, or non-routine affirmation of current plan. Please note: when collaborating with a psychiatric provider, this code may only be used when the psychiatric provider bills Psychiatric Plan Development
- ✓ Evaluation and justification for modifying the Client Service Plan
- ✓ When receiving a case as PSC or Ancillary program, up to 1 hour of Assessment or Plan Development can be billed for initial chart review of records, depending upon the service
    - The time billed must be warranted based upon the amount of incoming clinical documentation and need for review
    - 30 minutes billed for a new case, if appropriately documented, this will not be scrutinized in an audit or QI review. Up to 31-60 mins will be allowed for cases with significant documentation (e.g. recent hospital records, previous MH treatment, psychological reports, etc.) but will be scrutinized in an audit or QI review. Anything over 60 mins will be disallowed in an audit or QI review
    - Documents reviewed could include: prior or current Assessment and Client Service Plan, recent progress notes, hospital discharge paperwork, treatment summaries
- ✓ For a case receiving ongoing treatment and a provider reviews notes and other documentation in preparation for a MH service, Plan Development can be billed if it is a standalone service
    - Up to 10 minutes for periodic review allowed. Suggested frequency for routine chart review for an ongoing client is about 1 time per month

- If medically necessary to bill more time than 10 minutes in a month for chart review (e.g. discharge from hospitalization), this increase in amount and/or frequency must be explained in progress note documentation. If the progress note does not demonstrate medical necessity of increased amount/frequency, additional chart review could be disallowed in an audit or QI review
- Documents reviewed could include: current Client Service Plan or recent progress notes
- If chart review occurs consecutively with another MH service, chart review time can be embedded into that service's progress note – see chart on last page for more details for billing for chart review

**Non-Billable Activities Include:**

- ✘ Reviewing Client Service Plan of a transfer case prior to first session with client
- ✘ Supervision
- ✘ Discussing/processing a case with a colleague who does not have a specific role on the case
- ✘ Consulting with other professionals that work on a client's case, when focus of conversation is **not** on the Client Service Plan (see Targeted Case Management)
- ✘ Participating in a plan development activity with a client's psychiatric provider when the psychiatric provider bills a Medication code for service

**A Good Plan Development Note Includes:**

- Reference to Client Service Plan Goals and Objectives
- Explanation of client and/or authorized representative's participation
- If more than one staff bills for the same service at the same time (a joint service), then the unique role and contribution of each staff person to the meeting must be clearly documented with a focus on the Client Service Plan
- Documentation of a standalone chart review written in BIRP format that provides a summary of information reviewed, including how this information will be used in work with client
- The date of the scheduled service in the "Behavior" section of the note when completing chart review in preparation for a MH service

**Billing for Chart Review**

| TYPE OF REVIEW | RECEIVING A NEW CASE AS PSC OR ANCILLARY | REVIEWING IN PREPERATION FOR A MH SERVICE OF AN ONGOING CASE |
|---|---|---|
| EXAMPLES OF WHEN THIS TYPE OF REVIEW COULD OCCUR | - Transfer from CAT or another program<br>- Program added as an Ancillary<br>- Previous client in the MHP and reviewing past records | - Case has been receiving services from a program<br>- Psychiatric provider seeing the client periodically |
| TIME ALLOWED | Up to 1 hour | Up to 10 minutes per month* |
| DOCS TO POSSIBLY REVIEW | - Prior or current Assessment<br>- Prior or current Client Service Plan<br>- Recent progress notes<br>- Hospital discharge paperwork<br>- Treatment summaries | - Current Client Service Plan<br>- Recent progress notes |
| HOW TO BILL | - Could be embedded in billable MH service if review and service occur consecutively<br>- Billed as Assessment or Plan Development by provider if standalone service** | - Could be embedded in billable MH service if review and service occur consecutively<br>- Billed as Plan Development by provider if standalone service** |
| HOW TO DOCUMENT | - Use accurate start and stop times<br>- <u>Standalone chart review:</u><br>o Written in BIRP format<br>o Provide a summary of information reviewed, including how this information will be used in work with client<br>o If reviewed in preparation for a MH service, state the date of the scheduled service in the "Behavior" section of the note<br>- <u>Chart review embedded in MH service:</u><br>o Chart review and service must be consecutive and both occur in the office, using the "Office" location (the only exception is "Telehealth")<br>o Clearly state the amount of time spent completing the chart review in the "Behavior" section of the note and the date of the scheduled service this was in preparation for (e.g. "In preparation for this afternoon's individual therapy session, provider spent 8 minutes reviewing client's CSP and previous progress notes")<br>- The time spent to review the chart in preparation for the client's MH service appointment is reimbursable when a client "No Show"s in the following circumstances:<br>o The provider documents the circumstances of the client's no show with a "No Show" progress note<br>o The review occurred prior to scheduled appointment in order to prepare for the service<br>o **Do not bill chart review after a client no shows to replace billable time** | |

* For psychiatric providers who see clients less frequently (e.g. once every 2-3 months), up to 30 minutes can be billed
** Psychiatric providers should use the Psychiatric Plan Development service code when billing as a standalone service