

Billing SMHS for Sibling Sets- General Guidelines

Billing scenarios for sibling sets open to same program:

Family Therapy Session: You can only bill the State once per provider for family therapy sessions. This means if one provider is facilitating group therapy with 2 siblings at the same time they will document in one sibling's chart a billable family therapy procedure code. The other sibling(s) will have the family therapy or rehab session documented as a Non-Billable Service code detailing the specialty mental health interventions and clients' response(s) to intervention provided that took place in the session is reflected in all charts while not entering duplicative billing.

If multiple providers are billing family therapy with their IPs in a sibling family session, they may enter their own notes into their respective client charts. The provider will bill to the unique time spent leading, assessing, and engaging with their IP during the session which could lead to either billing half, partial, or the full session time depending on engagement with client and participation in leading family session activities/dialogue. This should be clearly documented in the note to indicate billed session time and identify any non-billing activities that were excluded from the service time.

Group Progress Note (*provided to youth directly*): Each sibling can have a billable group service note when participating in a group service with other clients

Group Rehab Progress Note & BH Prevention Education Service Group: (*provided directly to parent/guardian*): You would need to document the group service in one sibling's chart, and the other sibling(s) would have a Non-billable Service documented in their chart detailing the specialty mental health interventions that took place in the group, this ensures the collateral parent group is reflected in all charts while not entering duplicative billing for the sibling set as they share the same guardian(s).

Case Management, Self-Help/Peer Services Individual & Intensive Care Coordination: If the same therapist is providing the service to *all* siblings at the same time to same collateral source, the service could be split if the therapist/provider is addressing the clients *individually* with the parent/guardian/teacher, etc. as this would not be seen as a "global" intervention. The same would apply to case management or ICC services as these are more individualized.

CFT Meetings: Each participating provider in a CFT meeting may bill for the total number of minutes during which a client (or clients) with whom that provider has a client/provider relationship is discussed. Such a provider may claim for minutes during which one of his/her clients is being discussed, up to the length of the meeting. Each participating provider may bill for the total minutes during which their client is discussed. In your example below, the provider would bill for the specific time that was spent discussing the individual client. Each client will have their own Progress Note with the amount of time that client was discussed during the CFT meeting.

Dividing Billing between sibling sets for TCM contacts:

- When there are aspects of the contact that are specific to individual siblings, the portion of the contact that focused on each individual should be billed for that individual.
- When possible, if the service addressed general topics relevant to all siblings, the time should be divided among the siblings.

- Cannot assign the full-service time to more than one client/sibling.

When splitting time between the siblings isn't possible (ie: 8min collateral contact about the case plan of 7 siblings), provider may bill the full time to one sibling and document Non-billable Service to additional siblings.

Billing for therapists within same program collaborating with each other:

Sibling Sets with different therapists:

- Therapists may bill for collaboration with each other – documentation must show that this collaboration is more than just a “check in” and is a medically necessary service.
 - Documentation of what was discussed and what each therapist intends to do with the information.
 - This would be Targeted Case Management (TCM/ICC code) – each clinician must document how they will use the gathered information to support the treatment of the client.

Therapists working with unrelated children living in the same home:

- Therapists may bill for collaboration with each other.
 - Documentation must show that the collaboration is more than just a check-in, is medically necessary, and information shared in the communication is used to influence treatment.
 - This would be billable under TCM/ICC service code - each clinician would need to document how they will use the information to support the treatment of the client.

Therapist receives information from a collateral contact that affects multiple clients served by program:

- Therapist must document the information in medical records of all clients.
- When 1 or more of the clients served is not their client, they can share the information with that client's therapist.
 - Both can bill for that communication when they document the information AND how they will use the information to support care.
 - If the two therapists are coordinating information, they would need to document targeted case management and demonstrate how the information will be used in the treatment of the client. Use of TCM/ICC Service Code.

*Therapists can bill for direct time spent gathering/obtaining client related information in treatment team meetings with the assigned client/family team if the discussion results in a change to the client plan or clarifies client treatment needs and is medically necessary for treatment.

*Be mindful of service codes' minimum times for billing