



Mental Health Center of Florida
We Help You Be You. Improved.

Medicare Documentation Manual

For

Visiting Mental Health

Ann Monis, PA

MHCFlorida.com

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Our Affiliates: VisitingMentalHealth.com • DrAnnMonis.com

Visiting Mental Health

Medicare Documentation Manual

Table of Contents

- Information & Tools
 - Introduction to PsyNote®
 - Chart Checklist
- Sample Forms
 - INTAKE
 - Authorization to Treat
 - Blank
 - Sample
 - Notice of Privacy Practices & Receipt
 - Blank
 - Sample
 - Release of Information
 - Blank
 - Sample
 - Initial Psychiatric Diagnostic Interview (PsyNote®)
 - Blank
 - Sample
 - ONGOING
 - Psychotherapy Note (PsyNote®)
 - Blank
 - Sample
 - EVERY 90 DAYS
 - Treatment Plan (PsyNote®)
 - Blank
 - Sample (pending)
 - DISCHARGE
 - Brief Note (PsyNote®)
 - Blank
 - Sample (pending)

Visiting Mental Health

Medicare Documentation Manual

INFORMATION & TOOLS

- Introduction to PsyNote®
- Chart Checklist

Visiting Mental Health

Introduction to PsyNote®

Visiting Mental Health (VMH) is happy to announce that we are moving toward improved efficiency and Medicare compliance for maintaining electronic medical records by launching the use of PsyNote® by PhyBill, Inc. Just some of the benefits of this move include:

- Progress Notes automatically generate provider billing
- Quicker note-writing via electronic forms with check boxes
- PsyNote® remembers client data from Initial Diagnostic Interview and pre-fills Psychotherapy Notes for routine visits
- Hassle-free recordkeeping
- Training & technical support available
- Free service to VMH therapists

To get started all you need to do is call David Kirsch at PhyBill to schedule the installation of the PsyNote® program onto your computer. It usually takes about an hour to have the program installed and receive a tutorial. After that, you can start writing your notes, including the Initial Diagnostic Interview (AKA: Assessment), Treatment Plan, and Psychotherapy Notes. When you are ready to submit for billing, just sync with the PsyNote® server and upload. It's that easy!

We look forward to growing through this process with you and will notify you of any changes that impact the way you write and/or submit documentation as they may occur.

Contacts:

PhyBill, Inc.

(954) 366-2700

David Kirsch, Software Developer

davidk@phybill.com

Alan Duretz, President

aland@phybill.com

**Visiting Mental Health, Inc.
Chart Checklist**

- Authorization to Treat
- Notice of Privacy Practices & Receipt
- Release of Information
- PsyNote® (electronic records)
 - Initial Diagnostic Interview (AKA: "Assessment")
 - Treatment Plan (at Intake and every 60 days thereafter)
 - Psychotherapy Notes
- Brief Note (PsyNote®)/ (AKA: Discharge Summary)

Visiting Mental Health

Medicare Documentation Manual

INTAKE FORMS

- Authorization for Treatment
- Privacy Practices Notice & Summary
- Release of Information
- Initial Diagnostic Interview (PsyNote®)

**Visiting Mental Health
AUTHORIZATION TO TREAT
Adult Living Facilities**

Client Printed Name

Facility Name

I authorize Visiting Mental Health to render necessary treatment. As agreed with the facility, Visiting Mental Health will accept Medicare and/or other insurance benefits as payment.

I therefore authorize payments of these benefits to Visiting Mental Health.

I also authorize Visiting Mental Health to document notes in a medical progress report into my/the client's medical record.

Client Signature

Date

Responsible Party's Signature

Date

Relationship to Client

I agree to meet the Medicare requirements for co-payment by making a co-payment of \$ _____ .00 this is all that I can afford to pay for services.

Client Signature

****SAMPLE****
**Visiting Mental Health
AUTHORIZATION TO TREAT
Adult Living Facilities**

John Smith
Client Printed Name

Lovely Little Home
Facility Name

I authorize Visiting Mental Health to render necessary treatment. As agreed with the facility, Visiting Mental Health will accept Medicare and/or other insurance benefits as payment.

I therefore authorize payments of these benefits to Visiting Mental Health.

I also authorize Visiting Mental Health to document notes in a medical progress report into my/the client's medical record.

John Smith
Client Signature

01/20/12
Date

N/A
Responsible Party's Signature

Date

N/A
Relationship to Client

I agree to meet the Medicare requirements for co-payment by making a co-payment of
\$ 0.00 this is all that I can afford to pay for services.

John Smith
Client Signature

Original to Medical Record * Copy to Clinician, Main Office, and Client/Responsible Party

**Visiting Mental Health
NOTICE OF PRIVACY PRACTICES**

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices of Visiting Mental Health*. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

If you have any questions about our *Notice of Privacy Practices*, please contact our Office at:

Visiting Mental Health
3349 N University Dr. Suite 4
Davie, Florida 33024
1 (800) 771-2165 (toll free)

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at the above address.

I acknowledge receipt of the *Notice of Privacy Practices* of Visiting Mental Health

Signature: _____
(patient/parent/conservator/guardian)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____ Date: _____

An acknowledgement was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because:

- There was a medical emergency (the staff member will attempt to obtain acknowledgement at the next available opportunity).

Other reason(s): _____

******SAMPLE******
Visiting Mental Health
NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices of Visiting Mental Health*. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

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I acknowledge receipt of the *Notice of Privacy Practices* of Visiting Mental Health

Signature: John Smith
(patient/parent/conservator/guardian)

Date: 01/20/12

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____ Date: _____

An acknowledgement was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because:

- There was a medical emergency (the staff member will attempt to obtain acknowledgement at the next available opportunity).

Other reason(s): _____

*****GIVE TO PATIENT & OBTAIN SIGNATURE ON "NOTICE"*****

Visiting Mental Health

Summary of Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions, please contact our Compliance Office at:

**Visiting Mental Health
3349 N University Dr. Suite 4
Davie, Florida 33024
(800) 771-2165 - Toll Free**

This Practice's Legal Duty

This Practice is required by law to maintain the privacy of protected health information, to provide individuals with a notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the information practices that are described in this Notice of Privacy Practices ("Notice"). This Notice will be provided to our patients no later than the date of the first service delivery, including service delivered electronically.

We will post this Notice in a clear and prominent location where it will be accessible for you to read.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

1. request a restriction on certain uses and disclosures of your health information as provided by 45 CFR 164.522;
2. request and keep a copy of this notice of privacy practices upon your request, and inspect and obtain a copy of your health record as provided for in 45 CFR 164.524;
3. amend your health record as provided in 45 CFR 164.528;
4. obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
5. request communications of your health information by alternative means or at alternative locations;
6. revoke your authorization to use or disclose health information except to the extent that action has already been taken.

The Practice's Responsibilities and Our Pledge to You

This organization is required by law to:

1. maintain the privacy of your health information;
2. provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
3. abide by the terms of this notice;
4. notify you if we are unable to agree to a requested restriction;
5. accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions, complaints or would like additional information, you may contact Visiting Mental Health, 3349 N University Dr. Suite 4, Davie, Florida 33024, (800) 771-2165 (toll free). All complaints must be submitted in writing. If you believe your privacy rights have been violated, you can *file* a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

How We Will Use and Disclose Health Information About You

1. **We will use your health information for treatment purposes.**
2. *We will use your health information for payment purposes.*
3. *We will use your health information for regular health operations.*
4. *We will use your health information to make appointment reminders.*
5. **We will use your health information to recommend treatment alternatives.**
6. *We may use your health information with Business Associates under certain circumstances.*
7. *We will use your health information to make necessary notifications.*
8. *We will use your health information in communications with family or individuals involved in your care or payment for your care.*
9. *We may use your health information in research under certain circumstances.*
10. *We may use your health information in working with coroners, medical examiners, & funeral directors under certain circumstances.*
11. *We may use your health information with organ procurement organizations under certain circumstances.*
12. *We may use your health information in marketing functions under certain circumstances. We may use your health information with the Food and Drug Administration (FDA) under certain circumstances.*
13. *We may use your information in working with workers compensation agencies under certain circumstances.*
14. *We may use your health information in working with certain public health agencies under certain circumstances.*
15. *We may use your health information in working with correctional institutions under certain circumstances.*
16. *We may use your health information in working with law enforcement agencies under certain circumstances.*
17. *We may use your health information in working with military and veterans agencies under certain circumstances.*
18. *We may use your health information in connection with lawsuits and disputes under certain circumstances.*

19. *We may use your health information in relation to certain national security & intelligence activities under certain circumstances.*
20. *We may use your health information in relation to protective services for the President and others under certain circumstances.*

You have the following rights regarding health information we maintain about you:

1. *Right to inspect and copy*
2. *Right to amend*
3. **Right to an accounting of disclosures**
4. *Right to request restrictions*
5. **Right to request confidential communication**
6. *Right to a paper copy of this notice*

Changes to this notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the waiting room of the Practice. The notice will contain on the first page, in the top right-hand corner, the "Effective Date". In addition, each time you register at or are admitted to this Practice for treatment or health care services, we will make available to you a copy of the current notice in effect. We will post all new notices in the waiting room of the Practice. You can request a copy of our notice at any time.

Should we revise this notice because of a material change to the uses or disclosures of protected health information, to individual's rights, to our legal duties, or to other privacy practices stated in the notice, we will promptly revise and make available the new notice. Except when required by law, a material change in any term of the notice may not be implemented prior to the Effective Date of the notice in which such material change is reflected. Pursuant to the HIP AA privacy regulations, we will document compliance with the notice requirements by retaining copies of all notices issued.

Other uses of health information. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Release of Information

I _____ hereby
**give permission for Visiting Mental Health to share
all pertinent information that will assist in my care,
with the facility, treating physician, supervising
physician and family.**

Signature

Date

****SAMPLE****

Release of Information

I John Smith hereby
**give permission for Visiting Mental Health to share
all pertinent information that will assist in my care,
with the facility, treating physician, supervising
physician and family.**

John Smith

Signature

01/20/11

Date

BLANK

Initial Psychiatric Diagnostic Interview

Patient Name: Sample Patient
Facility: POS00002 - WEST BOCA MEDICAL CENTER (POS00002)
Provider Name: Help U. Out

Page 1 of 4
Date of Service: 03/01/2012
Time In: 4:23 pm Time Out: 4:23 pm

Initial Findings:

Cognitive:

- Comatose
- Short term memory problem
- Long term memory problem

Recall:

- Season
- Room Location
- Staff Names
- Aware of Place

Daily Skills:

- Independent
- Modified Independent
- Modified Impaired
- Severely Impaired

Delirium:

- Easily distracted
- Disorganized Speech
- Periods of Restlessness
- Periods of Lethargy
- Variable mental functioning

Mood Indicators:

- Repetitive Statements
- Repetitive Health Complaints
- Repetitive verbalization
- Insomnia / Sleep Changes
- Withdrawal from Activities
- Reduced Social Interaction
- Repetitive complaints / concerns
- Unpleasant mood in morning
- Repetitive physical movements
- Statements of imminent disaster
- Persistent anger
- Self deprecation
- Expressions of fear
- Sad worried faces
- Crying / fearfulness
- Repetitive questions

Other:

Mood Persistence:

- No Indicators
- Indicators, but easily altered
- Not easily altered

Behavioral Symptoms: Last week

- Wandering
- Verbally abusive
- Physically abusive
- Inappropriate / disruptive
- Resists Care

Initiative:

- At ease with others
- At ease during activities
- At ease self-initiating
- Establishes own goals
- Involved in facility life
- Accepts group initiatives
- None of the above

Unsettled Relationships:

- Conflict / criticism re: staff
- Unhappy with Roommate
- Unhappy with Peers
- Conflict/anger Family/friends
- No personal
- Recent loss Family/friends
- Poor adjustment to change
- None of the above

Past Roles:

- Identifies past roles / status
- Negative feelings lost roles
- Sees differences in facility
- None of the above

Symptoms:

Referral Source:

Referral Symptoms:

Initial Psychiatric Diagnostic Interview

Patient Name: Sample Patient
Facility: POS00002 - WEST BOCA MEDICAL CENTER (POS00002)
Provider Name: Help U. Out

Page 2 of 4
Date of Service: 03/01/2012
Time In: 4:23 pm **Time Out:** 4:23 pm

History of Present Illness:

General Appearance:

Alert Orientation

Person Place Time Situations

Attention

Normal Other:

Cognitive Functioning:

Residents Primary Concern:

Evaluation:

Marital Status: Married

Social Family History:

Verbal Behavior:

Significant Medical History / Meds:

Significant Psych / Alcohol / Drugs History:

Tobacco Drugs Alcohol

Other Significant Data:

Suicidal Ideation Plan:

Allergies:

Recommendations:

Not appropriate for
Psychological Services:

Recommended Therapy:

Individual Group

For Evaluation/Treatment of:

Cognitive Skills Emotional Status Depression
 Anxiety Behavior

Other:

External Resources:

Psychiatric Referral To:
 Family Conference

Problem Behavior(s):

Initial Psychiatric Diagnostic Interview

Patient Name: Sample Patient
Facility: POS00002 - WEST BOCA MEDICAL CENTER (POS00002)
Provider Name: Help U. Out

Page 3 of 4
Date of Service: 03/01/2012
Time In: 4:23 pm **Time Out:** 4:23 pm

Strengths:

Liabilities:

Comments: Behavior Management

Misc Communication to Staff re: Patient

DX & TX

Axis 1

Axis 2

0-Other

AxIs 3

Axis 4

Axis 5

Highest Functioning in Last 12 months:

Current:

CPT Code

90801-Init Diag Int

Units 1

Modifiers

CPT Code

Units 1

Modifiers

POS:

Treatments:

Treatment Frequency:

Individual: 0x per Week Group: 0x per Week

Estimated number of sessions to reach objectives: 0

Treatment Plans:

Start Dates:	Goals:	Review Dates:	Behavior Objectives:
03/01/2012		05/30/2012	
03/01/2012		05/30/2012	
03/01/2012		05/30/2012	

General Notes:

Initial Psychiatric Diagnostic Interview

Patient Name: Sample Patient

Page 4 of 4

Facility: POS00002 - WEST BOCA MEDICAL CENTER (POS00002)

Date of Service: 03/01/2012

Provider Name: Help U. Out

Time In: 4:23 pm **Time Out:** 4:23 pm

Help U. Out

Licensed Psychologist

SAMPLE

Initial Psychiatric Diagnostic Interview

Patient Name: [redacted]
Facility: POS00013 [redacted]
Provider Name: [redacted]

Page 1 of 5
Date of Service: 04/29/2013
Time In: 1:18 pm Time Out: 2:15 pm

Initial Findings:

Cognitive:

- Comatose
- Short term memory problem
- Long term memory problem

Recall:

- Season
- Room Location
- Staff Names
- Aware of Place

Daily Skills:

- Independent
- Modified Independent
- Modified Impaired
- Severely Impaired

Delirium:

- Easily distracted
- Disorganized Speech
- Periods of Restlessness
- Periods of Lethargy
- Variable mental functioning

Mood Indicators:

- Negative Statements
 - Repetitive Health Complaints
 - Repetitive verbalization
 - Insomnia / Sleep Changes
 - Withdrawal from Activities
 - Reduced Social Interaction
 - Repetitive complaints / concerns
 - Unpleasant mood in morning
 - Repetitive physical movements
 - Statements of imminent disaster
 - Persistent anger
 - Self deprecation
 - Expressions of fear
 - Sad worried faces
 - Crying / fearfulness
 - Repetitive questions
- Other: unpleasant mood throughout the day

Mood Persistence:

- No Indicators
- Indicators, but easily altered
- Not easily altered

Behavioral Symptoms: Last week

- Wandering
- Verbally abusive
- Physically abusive
- Inappropriate / disruptive
- Resists Care

Initiative:

- At ease with others
- At ease during activities
- At ease self-initiating
- Establishes own goals
- Involved in facility life
- Accepts group initiatives
- None of the above

Unsettled Relationships:

- Conflict / criticism re:staff
- Unhappy with Roommate
- Unhappy with Peers
- Conflict/anger Family/friends
- No personal
- Recent loss Family/friends
- Poor adjustment to change
- None of the above

Past Roles:

- Identifies past roles / status
- Negative feelings lost roles
- Sees differences in facility
- None of the above

Symptoms:

Referral Source:

Facility Administrator [redacted]

Referral Symptoms:

Initial Psychiatric Diagnostic Interview

Patient Name: [REDACTED]
Facility: POS00013 [REDACTED]
Provider Name: [REDACTED]

Page 2 of 5
Date of Service: 04/29/2013
Time In: 1:18 pm Time Out: 2:15 pm

Easily irritable, angry and hostile towards staff and peers, demanding, extremely negative in her expressions, isolates and withdraws from social interactions, dismissive of peers, histrionic,

History of Present Illness:

Symptoms have been evident and progressively worsen in intensity and frequency since admission to the facility in May 2012.

General Appearance:

[REDACTED] presented as a short, slightly heavy, older woman. Overall appeared adequately groomed and neat in her appearance. Posture fluctuated throughout assessment from tense to rigid. Overall mood appeared sullen and depressed. Presented with constricted affect.

Alert Orientation

Person Place Time Situations

Attention

Normal Other:

Cognitive Functioning:

Presents with Average IQ impressions, no deficits noted in short term memory, insight may vary from poor to fair. Presented with pervasive religious themes.

Residents Primary Concern:

Reported experiencing difficulties adjusting to the facility and peers, expressed irritability and frustration with peers and staff, struggles with loss of independence, expressed no interest in social interactions and activities, reported experiencing sadness and anxiety with regards to missing family, family living far, insufficient financial means, lack of transportation to church services during weekdays, and fears during night time. Reported feeling "apprehensive, nervous, and anxious at times over the social issues around the world; such suffering, hunger, and war."

Evaluation:

Marital Status:

Social Family History:

[REDACTED] reported having been married twice. First marriage was from 1952 to 1958 and second marriage was from 1964 to 1968. She reported both marriages ending in divorce. [REDACTED] reported being born in Cuba and migrated to the United States in 1970. She reports being a US citizen. [REDACTED] reports having 3 children. A daughter from her 1st marriage who resides in Atlanta, GA and 2 sons from her 2nd marriage who reside in NY, and CA. [REDACTED] reported not having any immediate family in Miami. She reported maintaining consistent weekly contact with her daughter and sons. [REDACTED] reported being a Jehova Witness. She reported spending significant time daily reading and studying the Bible. [REDACTED] reported "studying the Bible for 43 years". [REDACTED] reported that she attends church every Sunday. [REDACTED] denied engaging in any social activities on site. She stated they often celebrate birthdays but she does not participate in birthday celebrations because her faith does not allow her to do so.

Verbal Behavior:

[REDACTED] was engaged throughout the entire assessment. She speaks Spanish fluently and clearly. At times her intonations denoted underlying anger and hostility, but quickly reverted to appropriate tones.

Significant Medical History / Meds:

OsteoArthritis, Lumbago-Cervicaglia, Osteoporosis, Fracture of patella. Medications- Acular eye drops, Tramadol HCL, Losartan, Omeprazole, Metoprolol, Simvastatin, Escitalopram (Lexapro), Temazepam (Restoril), Cetirizine (Zyrtec).

Significant Psych / Alcohol / Drugs History:

Tobacco Drugs Alcohol

Denies any significant history of use or abuse of tobacco, drugs, and alcohol.

Initial Psychiatric Diagnostic Interview

Patient Name: [REDACTED]

Page 3 of 5

Facility: POS00013 [REDACTED]

Date of Service: 04/29/2013

Provider Name: [REDACTED]

Time In: 1:18 pm Time Out: 2:15 pm

Other Significant Data:

Mild stroke in 2007 affected her left eye. [REDACTED] reported having had numerous jobs while residing in NY prior to becoming disabled due to Arthritis-Osteoporosis. She reported cleaning houses, working in sewing factories, baby sitting, and selling products door to door. Complained often about the food at the facility, wanting to file complains about the food with the owners, and fear of going out at night so she listens to the wednesday night church services on the phone.

Suicidal Ideation Plan:

Allergies:

Some soaps, some toothpastes, and body creams- all cause rashes, irritation, and/or hives.

Recommendations:

- Not appropriate for Psychological Services:

Recommended Therapy:

- Individual Group

For Evaluation/Treatment of:

- Cognitive Skills Emotional Status Depression
 Anxiety Behavior

Other:

External Resources:

- Psychiatric Referral To:
 Family Conference

Problem Behavior(s):

Highly irritable, verbally intense with staff and peers, extremely demanding, withdrawal and isolation from social interactions.

Strengths:

[REDACTED] is an engaging woman who presents with a strong faith. [REDACTED] appears to have established strong relationships and ties with those who share in her faith and takes initiative to participate and attend consistently weekly church services.

Liabilities:

[REDACTED] ability to cope effectively and adjust to new living arrangements with out familiar supports and with those who do not share in her faith could be improved. [REDACTED] presents with an extremely negative and hostile attitude towards staff and peers. [REDACTED] needs to develop further sensitivity to differences of others.

Comments: Behavior Management

Misc Communication to Staff re: Patient

Followed up with Facility Administrator [REDACTED] regarding [REDACTED] complains and concerns with the food. Luisa to follow up with [REDACTED]

DX & TX

Axis 1

309.28-ADJ REACT MXD EMOTIONAL FEATURES

Initial Psychiatric Diagnostic Interview

Patient Name: [REDACTED]
 Facility: POS00013 [REDACTED]
 Provider Name: [REDACTED]

Page 4 of 5
 Date of Service: 04/29/2013
 Time In: 1:18 pm Time Out: 2:15 pm

AxIs 2
 V71.9-None

AxIs 3
 715.90, 733.0, 733.10

AxIs 4
 1--Problems with primary support group : Other: Children relocated to 3 other states- Separation from children
 2--Problems related to the social environment : Inadequate social support
 2--Problems related to the social environment : Difficulties with interpersonal relationships
 5--Housing problems : Change in residence
 6--Economic problems : Inadequate finances

AxIs 5
 Highest Functioning in Last 12 months: Current: 61

CPT Code
 90791-Psychiatric diagnostic evaluation

Units 1 **Modifiers**

CPT Code

Units 1 **Modifiers**

POS: ASSISTED LIVING FACILIT

Treatments:

Treatment Frequency:

Individual: 2x per Week Group: 0x per Week

Estimated number of sessions to reach objectives: 52

Treatment Plans:

Start Dates:	Goals:	Review Dates:	Behavior Objectives:
05/06/2013	Anxious feelings and symptoms will be significantly reduced and will no longer interfere with [REDACTED] overall functioning. [REDACTED] will increase understanding of anxious thoughts, feelings, and symptoms.	09/07/2013	[REDACTED] will develop vocabulary to describe anxious symptoms and identify cues, [REDACTED] will identify at least 1 antecedent, trigger, and consequence to anxious symptoms at least 1 x week.
05/06/2013	Depressive symptoms will be significantly reduced and will no longer interfere with [REDACTED] overall functioning. [REDACTED] will increase understanding of depressive thoughts, feelings, and symptoms.	09/07/2013	[REDACTED] will develop vocabulary to describe depressive symptoms and identify cues. [REDACTED] will identify at least 1 antecedent, trigger, and consequence to depressive symptoms at least 1 x week.
05/06/2013	[REDACTED] social interaction at social activities with peers and staff will be encouraged and increased.	09/07/2013	[REDACTED] will identify at least 1 social interaction activity, situation, and/or event that she is willing to participate in or participated in at least 1x week.

General Notes:

Reviewed and discussed Limits of confidentiality. Reviewed, discussed, and signed Visiting Mental Health Notice of Privacy Practices, Release of Information, and Authorization to Treat consents.

Initial Psychiatric Diagnostic Interview

Patient Name: [REDACTED]

Page 5 of 5

Facility: POS00013 [REDACTED]

Date of Service: 04/29/2013

Provider Name: [REDACTED]

Time In: 1:18 pm **Time Out:** 2:15 pm

[REDACTED] Psy.D.

Electronic signature confirmed
04/29/2013

[REDACTED]
Psy.D.

Visiting Mental Health

Medicare Documentation Manual

ONGOING

- Psychotherapy Note (PsyNote®)

BLANK

Psychotherapy Note

Patient Name: Sample Patient

Page 1 of 3

Facility: POS00003-BOCA RATON COMMUNITY HOSPITAL (POS00003)

Date of Service: 03/01/2012

Provider Name: Help U. Out

Time In: 4:25 pm Time Out: 4:25 pm

Mental Status:

<input type="checkbox"/> Anxious/scared/agitated	<input type="checkbox"/> Depressed/flat/worried	<input type="checkbox"/> Hallucinations
<input type="checkbox"/> Dependent/needy	<input type="checkbox"/> Delusions/confabulations	<input type="checkbox"/> Perseveration/rumination
<input type="checkbox"/> Demanding/manipulative	<input type="checkbox"/> General distress	<input type="checkbox"/> Paranoid/suspicious
<input type="checkbox"/> Disoriented/confused	<input type="checkbox"/> Sad/tearful/crying	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Language impaired	<input type="checkbox"/> Fearful	<input type="checkbox"/> Uncooperative/oppositional
<input type="checkbox"/> Angry/frustrated/hostile	<input type="checkbox"/> Manic	<input type="checkbox"/> Withdrawn/self-isolating
<input type="checkbox"/> Appropriate affect	<input type="checkbox"/> Neat/clean	<input type="checkbox"/> Labile/mood swings
<input type="checkbox"/> Somatic preoccupation	<input type="checkbox"/> Obsessive/compulsive	<input type="checkbox"/> Panic/catastrophic reactions
<input type="checkbox"/> Sleep	<input type="checkbox"/> Appetite/food	<input type="checkbox"/> Tangential

Judgment: n/a

Alert Orientation

<input type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Situation
---------------------------------	--------------------------------	-------------------------------	------------------------------------

Estimated number of sessions to goal:

Behaviors

Content Themes / Behavior Problems

<input type="checkbox"/> Abuse	<input type="checkbox"/> Excessive/demanding	<input type="checkbox"/> Long term memory	<input type="checkbox"/> Rehab/other therapies
<input type="checkbox"/> Adjustment/facility	<input type="checkbox"/> Family	<input type="checkbox"/> Medical concerns/pain	<input type="checkbox"/> Resistant to care
<input type="checkbox"/> Alcohol/drugs	<input type="checkbox"/> Financial issues	<input type="checkbox"/> Participation in activities	<input type="checkbox"/> Self-esteem/guilt
<input type="checkbox"/> Coping skills	<input type="checkbox"/> Grief/loss/acceptance	<input type="checkbox"/> Peers/roommate	<input type="checkbox"/> Sex
<input type="checkbox"/> Death/dying	<input type="checkbox"/> Impaired impulse control	<input type="checkbox"/> Personal history	
<input type="checkbox"/> Decline/function	<input type="checkbox"/> Marriage/spouse/divorce	<input type="checkbox"/> Other	
<input type="checkbox"/> Discharge	<input type="checkbox"/> Short term memory		

Interventions

<input type="checkbox"/> Choice making	<input type="checkbox"/> Redirection	<input type="checkbox"/> Validation
<input type="checkbox"/> Consultation	<input type="checkbox"/> Reframing	<input type="checkbox"/> Verbal prompt
<input type="checkbox"/> Mental status exam	<input type="checkbox"/> Remotivation	<input type="checkbox"/> Oral consent to services
<input type="checkbox"/> Life review/reminiscing	<input type="checkbox"/> Remove from situation	<input type="checkbox"/> Discussion reality/education tx
<input type="checkbox"/> Limit Setting	<input type="checkbox"/> Stress Reduction	Other:
<input type="checkbox"/> Positive reinforcement	<input type="checkbox"/> Quietening/relaxation	
<input type="checkbox"/> Problem solving	<input type="checkbox"/> Supportive interaction	

Progress

Session Summary:

Psychotherapy Note

Patient Name: Sample Patient

Page 2 of 3

Facility: POS00003-BOCA RATON COMMUNITY HOSPITAL (POS00003)

Date of Service: 03/01/2012

Provider Name: Help U. Out

Time In: 4:25 pm Time Out: 4:25 pm

Progress Report:

Level of participation

Minimal Moderate Active None

Patients response

Favorable Neutral Unfavorable

Symptoms

Increasing Maintaining Decreasing Variable

Recommendations

Continue Treatment Psychiatric referral/meds Termination

Other:

Comments: Current need for treatment

Progress cont'd

Illness and/or emotional/behavioral symptoms that alter baseline functioning

Patient's capacity to participate in psychotherapy

Target symptoms/goals

Method of monitoring outcome

Modality used and reason for modality vs other form of treatment

DX & TX

Axis 1

Axis 2

0-Other

Axis 3

Axis 4

Axis 5

Highest Functioning in Last 12 Months:

Current:

CPT Code

90816-In Pt. 20 -30

Units: 1

Modifiers:

CPT Code

0

Units: 1

Modifiers:

POS

Psychotherapy Note

Patient Name: Sample Patient

Page 3 of 3

Facility: POS00003-BOCA RATON COMMUNITY HOSPITAL (POS00003)

Date of Service: 03/01/2012

Provider Name: Help U. Out

Time In: 4:25 pm **Time Out:** 4:25 pm

General Notes

Help U. Out

Licensed Psychologist

Psychotherapy Note

Patient Name: [REDACTED]
Facility: POS00013 [REDACTED]
Provider Name: [REDACTED]

Page 1 of 3
Date of Service: 05/02/2013
Time In: 12:20 pm Time Out: 1:15 pm

Mental Status:

<input checked="" type="checkbox"/> Anxious/scared/agitated	<input checked="" type="checkbox"/> Depressed/flat/worried	<input type="checkbox"/> Hallucinations
<input checked="" type="checkbox"/> Dependent/needy	<input type="checkbox"/> Delusions/confabulations	<input type="checkbox"/> Perseveration/rumination
<input checked="" type="checkbox"/> Demanding/manipulative	<input checked="" type="checkbox"/> General distress	<input type="checkbox"/> Paranoid/suspicious
<input type="checkbox"/> Disoriented/confused	<input type="checkbox"/> Sad/tearful/crying	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Language impaired	<input type="checkbox"/> Fearful	<input type="checkbox"/> Uncooperative/oppositional
<input type="checkbox"/> Angry/frustrated/hostile	<input type="checkbox"/> Manic	<input checked="" type="checkbox"/> Withdrawn/self-isolating
<input type="checkbox"/> Appropriate affect	<input checked="" type="checkbox"/> Neat/clean	<input type="checkbox"/> Labile/mood swings
<input type="checkbox"/> Somatic preoccupation	<input type="checkbox"/> Obsessive/compulsive	<input type="checkbox"/> Panic/catastrophic reactions
<input type="checkbox"/> Sleep	<input type="checkbox"/> Appetite/food	<input type="checkbox"/> Tangential

Judgment: Fair

Alert Orientation

<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Time	<input checked="" type="checkbox"/> Situation
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Estimated number of sessions to goal:

Behaviors

Content Themes / Behavior Problems

<input type="checkbox"/> Abuse	<input checked="" type="checkbox"/> Excessive/demanding	<input type="checkbox"/> Long term memory	<input type="checkbox"/> Rehab/other therapies
<input checked="" type="checkbox"/> Adjustment/facility	<input type="checkbox"/> Family	<input checked="" type="checkbox"/> Medical concerns/pain	<input type="checkbox"/> Resistant to care
<input type="checkbox"/> Alcohol/drugs	<input type="checkbox"/> Financial issues	<input checked="" type="checkbox"/> Participation in activities	<input type="checkbox"/> Self-esteem/guilt
<input checked="" type="checkbox"/> Coping skills	<input type="checkbox"/> Grief/loss/acceptance	<input type="checkbox"/> Peers/roommate	<input type="checkbox"/> Sex
<input type="checkbox"/> Death/dying	<input type="checkbox"/> Impaired impulse control	<input type="checkbox"/> Personal history	
<input type="checkbox"/> Decline/function	<input type="checkbox"/> Marriage/spouse/divorce	<input type="checkbox"/> Other	
<input type="checkbox"/> Discharge	<input type="checkbox"/> Short term memory		

Interventions

<input type="checkbox"/> Choice making	<input type="checkbox"/> Redirection	<input checked="" type="checkbox"/> Validation
<input type="checkbox"/> Consultation	<input type="checkbox"/> Reframing	<input checked="" type="checkbox"/> Verbal prompt
<input type="checkbox"/> Mental status exam	<input type="checkbox"/> Remotivation	<input type="checkbox"/> Oral consent to services
<input type="checkbox"/> Life review/reminiscing	<input type="checkbox"/> Remove from situation	<input type="checkbox"/> Discussion reality/education tx
<input type="checkbox"/> Limit Setting	<input type="checkbox"/> Stress Reduction	Other: role playing, in vivo practice
<input type="checkbox"/> Positive reinforcement	<input type="checkbox"/> Quieting/relaxation	
<input checked="" type="checkbox"/> Problem solving	<input checked="" type="checkbox"/> Supportive interaction	

Progress

Session Summary:

Psychotherapy Note

Patient Name: [REDACTED]

Page 2 of 3

Facility: POS00013 [REDACTED]

Date of Service: 05/02/2013

Provider Name: [REDACTED]

Time In: 12:20 pm Time Out: 1:15 pm

Followed up as agreed in previous session to engage in outside of room activity. Walked for the first 20 minutes of session on site. [REDACTED] discussed routine and activities for the week. She reported minimal social interactions with excuses such as "I don't have time to do much because I have to do my daily devotionals and read the bible". Validated and supported her commitment to her faith, interests in spiritual growth, and discussed options/alternatives of how and where she can practice some of her faith related activities that will promote social interactions. [REDACTED] expressed experiencing distress over her tooth this past week. [REDACTED] stated "I am having pain in my lower tooth. I broke 1/2 a tooth eating a plantain and they tell me my Medicaid coverage here is different than in NY. I need help trying to solve this because it makes my nerves go crazy" Explored her proactive approaches to resolving issue rather than relying on what others tell her. Explored medical dentists and role played making calls.

Progress Report:

Level of participation

Minimal Moderate Active None

Patient's response

Favorable Neutral Unfavorable

Symptoms

Increasing Maintaining Decreasing Variable

Recommendations

Continue Treatment Psychiatric referral/meds Termination

Other:

Comments: Current need for treatment

Progress cont'd

Illness and/or emotional/behavioral symptoms that alter baseline functioning

Issues of self entitlement; dependent and helpless thought processes; negative self thoughts; lack of insight into triggers, thoughts, and feelings that exacerbate target symptoms; anger, and hostility towards others and current placement; resistance to social interactions and displaying sensitivity towards others.

Patient's capacity to participate in psychotherapy

[REDACTED] is alert, active and engaged in sessions. Displays poor to fair insight. [REDACTED] is open to sharing and responsive to feedback. [REDACTED] is open to exploring and verbalizing thoughts, feelings, behaviors, and displays understanding need for therapeutic services.

Target symptoms/goals

Reduce depressive symptoms, reduce anxiety symptoms, increase social interactions and sensitivity towards others.

Method of monitoring outcome

Review of treatment plan goals and objectives in each weekly session, explore for weekly self reports, consult for weekly staff feedback and observations.

Modality used and reason for modality vs other form of treatment

Individual psychotherapy- Cognitive behavioral therapy. Allows for expression of thoughts and feelings/Ventilation. Allows the ability to incorporate validation, support, reframing, and reality based approaches and interventions. Allows for provision of psychoeducational interventions and approaches. Allows for cognitive restructuring techniques. Allows for role playing, modeling, and in-vivo skill rehearsal.

DX & TX

Axis 1

Psychotherapy Note

Patient Name: [REDACTED]
Facility: POS0001 [REDACTED]
Provider Name: [REDACTED]

Page 3 of 3
Date of Service: 05/02/2013
Time In: 12:20 pm Time Out: 1:15 pm

309.28--ADJ REACT MXD EMOTIONAL FEATURES

Axis 2

V71.9-None

Axis 3

715.90, 733.0, 733.10

Axis 4

- 1--Problems with primary support group ; Other: Children relocated to 3 other states- Separation from children
- 2--Problems related to the social environment : Inadequate social support
- 2--Problems related to the social environment : Difficulties with interpersonal relationships
- 5--Housing problems : Change in residence
- 6--Economic problems : Inadequate finances

Axis 5

Highest Functioning in Last 12 Months: Current: 61

CPT Code

90837-Psychotherapy, 60 minutes with patient and/or family member

Units: 1 Modifiers:

CPT Code

90785-Add-on code for Interactive complexity. Used in conjunction with 90791,90832,90834,90837 and 908

Units: 1 Modifiers:

POS ASSISTED LIVING FACILITY

General Notes

[REDACTED] Electronic signature confirmed
[REDACTED] 05/02/2013
[REDACTED]
Psy.D.

Visiting Mental Health

Medicare Documentation Manual

EVERY 90 DAYS

- Treatment Plan (PsyNote®)

BLANK

Treatment Plan

Patient Name:Sample Patient

Page 1 of 1

Facility:BOCA RATON COMMUNITY HOSPITAL (POS00003)

Date of Service: 4/19/12

Provider Name:Help U. Out

Treatment Frequency:

- Individual 2 x Day
- Group 3 x Month

Estimated number of sessions to achieve objectives: 4

Treatment Plan:

<u>Goal(s)</u>	<u>Start Date</u>	<u>Behavior Objective(s)</u>	<u>Review Date</u>
goal 1	3/6/12	objective 1	6/4/12
goal 2	3/7/12	objective 2	6/5/12
goal 3	3/8/12	objective 3	6/6/12

Diagnosis:

Comments:

comments

This page has been left blank intentionally.

Please note that a **“Sample” Treatment Plan** is pending

and will be added to this manual.

Visiting Mental Health

Medicare Documentation Manual

DISCHARGE

- Brief Note (PsyNote®)

Brief Note

Patient Name:

Date of Service: 02/28/2012

Facility:

Time In: 11:54 am

Provider Name:

Time Out: 11:54 am

Note:

Electronic Signature Confirmed

PhyBill

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Please note that a **“Sample” Brief Note** is pending and

will be added to this manual.

How Do I Transfer Pts/Cases in PsyNote?

Important information about how to document the termination and transfer of patients once internship ends or when transferring cases to one another:

In PsyNote, do **NOT** click "termination" under the Recommendations section (3rd tab), and do NOT click "inactive" under "edit Patients."

Please DO: Click "Continue Treatment" under the Recommendations section, as well as in the box marked "other" type in "Transfer to New Clinician." Also, in the "Current Need for Treatment" box, begin with, "It is recommended and arranged that Ms./Mr. X be transferred to a new clinician." And then enter in your regular blurb about their current need for treatment.