



# Provider Documentation and Billing Procedures

For Audio Call: (877) 563-4796

Enter Code: 7771224#

\*Phones are muted due to the large number of attendees

# Welcome and Introductions

## Presenter

- Provider Relations

# Training Topics



## Military OneSource Proper Documentation and Billing Procedures

- Guidelines on Billing for Military OneSource
- Confidentiality and Records
- The Case Activity Form (CAF): Instructions for completing the form
- High Risk documentation and reporting
- Case Closure
- Best practices for CAF submission
- Electronic CAF submission via ProviderConnect

## Questions & Answers

# Guidelines on Billing for Military OneSource

## Important Guidelines for Billing and Case Activity Form submission:

- The CAF is due within 30 days of the date of service
- All billing must go through Military OneSource
  - No Fee Service: Participants may not be billed
  - Extra services with associated costs may not be offered under an MOS authorization
  - May not bill participants for No-Shows
  - No co-pay or balance-billing



# Records and Confidentiality

## Guidelines for Record-Keeping

- Keep a copy of the record/CAF in your files
- Print CAFs prior to submission on ProviderConnect
- Have a 'Release of Information' (ROI) form signed before releasing any records
- Participants have a right to the record
- The record must NEVER be released to the Department of Defense or the chain of command
- The record may be released to a 3<sup>rd</sup> party (other than the DoD) with a signed ROI. It is always preferable to release the record directly to the participant.

# Mandated Reporting

## Provider reporting is required for the following issues:

### All Participants

*(Including additional participants):*

- Child, elder, vulnerable adult abuse
- Critical risk to others
- Risk to self

### Service Members:

- Sexual assault incidents
- Domestic violence
- Recent psychiatric hospitalization within 30 days
- Present or future illegal activity

## › To Make a Report Call Military OneSource at (800)342-9647

- A Triage Consultant or Clinical Supervisor will take the report and file the required information with the appropriate Department of Defense point of contact
  - DO NOT contact the participant's command/supervisor

# Importance of Accurate Documentation

- Tracking progress of goals
- Insight and continuity through the course of counseling
- Mark significant events or changes in behavior
- Document level of functioning
- Document level of risk or safety
- Document the steps taken toward goals
- Important for critical incidents and reporting

# Case Activity Form (CAF) and Submission Procedures

- › **Submit CAF within 30 days of the date of service**
- › Please use CAP letters and write legibly
- › Document that the Statement of Understanding was signed
- › Please use your billing address on the CAF (not practice address)
- › It is IMPORTANT to fill out ALL sections of CAF (Case Closing session is only required for Final CAF)
- › Must complete the Case Closing section of the CAF once the services are completed or within 30 days after last contact.
- › Check for consistencies within CAF information

\*Functional Assessment, Risk Assessment, and Notes should be consistent





# Military OneSource Case Activity Form (CAF)

## CAF Page 1 (Continued)

### Assessed Problem (Choose 1 Problem/Issue):

- Z63.0 Relational Distress with Intimate Partner
- Z71.9 Other Counseling or Consultation
- Z60.0 Phase of Life Problem
- Z62.820 Parent-Child Relational Problem
- Z56.9 Problem Related to Employment
- Z63.5 Disrupt. of Family by Separation/Divorce
- Z63.4 Uncomplicated Bereavement
- Z56.82 Problem Related to Current Military Deployment Status
- Z62.898 Child Affected by Parental Rel. Distress
- Z91.82 Personal History of Military Deployment
- Z59.9 Housing or Economic Problem
- Z91.411 History of Partner Psychological Abuse
- Z91.412 History of Spouse or Partner Neglect
- T74.11 Physical Abuse by Nonpartner (confirmed)
- T76.11 Physical Abuse by Nonpartner (suspected)
- T74.31 Psych. Abuse by Nonpartner (confirmed)
- T76.31 Psych. Abuse by Nonpartner (suspected)
- T74.21 Sexual Abuse by Nonpartner (confirmed)
- T76.21 Sexual Abuse by Nonpartner (Suspected)
- Z91.410 History of Partner Violence, Physical
- Z91.410 Hist. of Partner Violence, Sexual
- Z62.810 Hist. of Physical Abuse as Child
- Z62.810 Hist. of Sexual Abuse as a Child
- Z62.811 Hist. of Psych. Abuse as a Child
- Z72.9 Problem Related to Lifestyle
- Z63.8 High Emotional Level Within Fam.
- Z65.8 Problem Related to Psychosocial
- Z59.9 Prob. Related to Social Environ
- Z91.49 History of Psychological Trauma
- Z65.4 Victim of Crime
- Z60.3 Acculturation Difficulty
- Z60.4 Social Exclusion or Rejection
- Z60.5 Target of (perceived) Discrimination or Persecution
- Z62.891 Sibling Relational Problem
- Z56.8 Religious or Spiritual Problem
- Z65.5 Exposure to Disaster or War
- Z72.810 Child/Adolescent Antisocial Beh.
- Z60.2 Problem Related to Living Alone
- Z91.89 Other Personal Risk Factors
- Z62.29 Upbringing Away From Parents
- Z59.6 Low Income
- R41.83 Borderline Intellectual Functioning
- Z59.0 Homelessness
- Z59.2 Discord w/ Neighbor or Landlord
- E66.9 Overweight or Obesity
- Z65.2 Problem Related to Release From Prison
- Z65.3 Prob. Related to Legal Circumstance
- Z91.5 Personal History of Self-Harm
- Z64.0 Problem w/ Unwanted Pregnancy
- Z64.1 Problem Related to Multiparity
- Z55.9 Academic or Education Problem
- Z59.1 Inadequate Housing
- Z59.3 Problem Living in Residential Inst.
- Z59.4 Lack of Adequate Food/ Water
- Z59.5 Extreme Poverty
- Z59.7 Insufficient Social Insurance, or Welfare Support
- Z75.3 Unavailability of Health Care Facilities
- Z75.4 Unavailability of Helping Agencies

# Military OneSource Case Activity Form P. 2

Participant Last Name

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First Name

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Type of Counseling Provided:

Individual  Couple  Family

Military Identification card viewed and verified by provider?:

Yes  No

Does participant have any DSM diagnoses?  Yes  No (If yes, refer case to medical/mental health treatment)

Is issue related to deployment?  Yes  No Is issue related to reintegration?  Yes  No

**Risk and Functional Assessment:** Indicate participant's level of impairment at time of session and at Case Closing:

Member's risk to self.....	00	01	02	03	<i>0 = No Evidence of Impairment                  1 = Mild Impairment                  2 = Moderate Impairment                  3 = Severe Impairment (must be significant impairment)</i>
Member's risk to others.....	00	01	02	03	
Mood Disturbances (depression or mania).....	00	01	02	03	
Anxiety.....	00	01	02	03	
Thinking / Cognition / Memory / Concentration.....	00	01	02	03	
Impulse / Reckless / Aggressive Behavior.....	00	01	02	03	
Activities of Daily Living Problems.....	00	01	02	03	
Medical / Physical Condition.....	00	01	02	03	
Substance Abuse / Dependence.....	00	01	02	03	
Job / School Performance.....	00	01	02	03	
Social Functioning / Relationship / Marital / Family.....	00	01	02	03	

**Counseling Goals:** (At least one goal is required)

1.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
2.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
3.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change

Mental Health Treatment History Assessed  Yes  No Notes: \_\_\_\_\_

Substance Abuse Treatment History Assessed  Yes  No Notes: \_\_\_\_\_

Strength, Skills, Aptitude and Interests Assessed  Yes  No Notes: \_\_\_\_\_

Supports Assessed  Yes  No Notes: \_\_\_\_\_

	None/Denies	Current	History
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Abuse/Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse (of a minor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

High Risk Case:  Yes  No

Reviewed with MOS consultant?  Yes  No

If yes, w/ whom?

(Consultant's name) \_\_\_\_\_

Was a safety plan developed?  Yes  No

Please note whether a legally required report has been filed:

By Whom: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Case Summary Note: (Please include critical issues or events addressed in session)

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Billing Type:  Interim  Final

# Military OneSource Case Activity Form (CAF)

## CAF Page 2 (Continued)

**Case Closing/Final Session** *(Must be filled out upon Case Closing or after 30 days of no contact)*

**Closing Reason:**

- Participant's case successfully resolved
- Participant withdrew/dropped out before the completion of services
- Participant discontinued for other reasons
- Out of Scope- Escalated to Crisis
- Out of Scope- Non Crisis

**Reasons Deemed Out of Scope** *(If Indicated)*

- Risk to Self       Risk to Others
- Currently Receiving Mental Health Tx.
- Currently Prescribed Psych. Medication
- Diagnosed w/ Mental Health Condition
- Fitness for Duty or Court Ordered
- Psych. Hospitalization       Illegal Activity
- Domestic Abuse       Child Abuse
- Substance Abuse       Sexual Assault/Rape

**Overall Status of Goals:**

- Goals Met
- Partially Met Goals
- Goals Not Met

**Case Disposition:**

- No Referral made to other resources
- Referral for other resources accepted
- Referral for other resources declined
- Did Not Keep Initial Appointment
- Discontinued Counseling

**Fax to 877-762-1356 or  
submit electronically via  
ProviderConnect**

**Referral Type** *(check all that apply)*

- No referral beyond MOS
- TRICARE
- Military Treatment Facility
- Victim Advocate
- Sexual Assault Response Coordinator
- Family Advocacy Program
- Other Medical
- Other Substance Abuse
- Other Mental Health
- Community Resource
- Red Cross

**This form is due within 15  
days of the date of service.**

# Documentation for Couples and Family Cases

When documenting couples and family cases for Military OneSource, preventing the co-mingling of records is the utmost of importance.

**Co-mingling of Records:** This occurs when information specific to an additional participant is documented in the authorized participant's record. In order to prevent co-mingling records, please adhere to the following guidelines:

- CAF should not identify any participant other than the authorized participant or the family/couple unit.
- Session note may refer to additional participants as “family member” or “additional participant.” Do not use identifying words such as “spouse,” “daughter,” or “husband.”

# How do I submit my Case Activity Form (CAF)?

**Submit CAF within 30 days of the date of service**

› **USPS:**

**ValueOptions, Inc.  
PO Box 1317  
Latham, NY 12110**

› **Fax:**

**(877) 762-1356**

› **Online:**

**Military OneSource ProviderConnect  
Portal**

**MILITARY  
ONESOURCE**

# Military OneSource ProviderConnect

- › An online tool where providers can:
  - Submit Case Activity Forms and view their status
    - User Friendly
    - Fast payment
    - Successful, error-free submission
  - Access and print forms:
    - Authorizations
    - Provider Summary Vouchers
  - Submit re-credentialing applications
  - Access ProviderConnect message center
    - Submit customer service inquiries
    - Submit updates to provider demographic information

## Military OneSource 24/7 dedicated line

- Phone: (800) 342-9647

## ValueOptions Provider Service Line

- Phone: (800) 397-1630

## ValueOptions Claims Department

- Phone: (888) 450-6795

## Electronic Claims /ProviderConnect EDI Helpdesk

- Phone: (888) 247-9311
- FAX: (866) 698-6032
- Email: e-supportservices@valueoptions.com

## PaySpan Health Support

- Phone: (877) 331-7154
- Email: providersupport@payspanhealth.com

## Military OneSource Provider Relations Department

- Email: MOSProviderRelations@MilitaryOneSource.com



# Military OneSource

## Questions & Answers

# MILITARY ON SOURCE

*Thank you*

[MOSProviderRelations@militaryonesource.com](mailto:MOSProviderRelations@militaryonesource.com)