

#### ClinicSource (CS) Training

#### November 2017

National Therapy Center Speech Therapy • Occupational Therapy • ABA Therapy

#### **Common Issues**

- What's the website?
  - https://secure2.clinicsource.com/ClinicPortal2/logi n.aspx
- What's the Clinic Name?
  - NationalSpeech

- I'm having issues logging in, who do I contact?
  - Mel (mel@nationalspeech.com)
  - If unable to reach Mel contact support@clinicsource.com

# I can't find my schedule

- Change office in upper right hand corner
- Click arrow for office choices
- Capitol Hill: DC
- Bethesda/Germantown: MD
- NS In-Network: CareFirst (MD ONLY) & Aetna

MarisaG 🚯 Clinic Source											
	National Speech-Bethesda 🛛 🔻										
Day Week Month	National Speech-Bethesda										
Mon, 20	National Speech-Capitol Hill										
	NS In-Network, LLC										

# I can't find my schedule (cont.)

- Click "Behavioral Analysis"
- In "Search Therapists..." bar, type in your last name
- Click "Behavioral Analysis" again

Sch	edule	D	ocume	Visits							
8	٨	All it	ems che								
	4	Þ	<b>FF</b>								
Su	Мо	Tu	We	Th	Fr	Sa					
31	1	2	З	4	5	6					
7	8	9	10	11	12	13					
14	15	16	17	18	19	20					
21	22	23	24	25	26	27					
28	29	30	1	2	З	4					
5	6	7	8	9	10	11					
Thera	apists										
gou	idy										
١	/iew A	II				<u> </u>					
Auditory Verbal											
at E	Behavi	oral A	nalysi	s							
	Go	udy, N	/larisa			+					

#### When are session notes due?

- Notes are due in ClinicSource 24 HOURS after the client's session start time
  - This includes: cancelled, no show & present sessions

 Example: 9/4 session 6:00-8:00 pm, session note due 9/6 6:00 pm

#### How to create a note...

#### Appointments

	🚍 Edit Appointment - 461131 🛛 🛛 🔀	
	📙 词   🎊 🎊 🔲 Ignore Conflicts	
Client's Name $\longrightarrow$	Type:ABA TherapyAppointmentPatient:Client Name	← ABA Therapy
	Therapist: Goudy, Marisa 🔻	← Your Name
	Subject:   Location: Home	
Start & End Time $\longrightarrow$	Start Time:         12/7/2015 8:30 AM         IIII         IIIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	School, Office)
	Recurring every: for the next: weeks.	

#### **Appointments: Attendance Status**



Cancellation/No Show Explanation: who cancelled/no show (e.g. client/therapist cancelled), reason (e.g. client sick), notice duration (e.g. 2 hours prior to session)

#### **Appointments: Cancelled Sessions**

 Subject: enter who cancelled (e.g. Family or Therapist) followed by reason

📄 New Appo	intment	×
	S 🖄	Ignore Conflicts
<b>(</b>	Type:	ABA Therapy
Appointment	Patient:	- NONE -
	Therapist:	Goudy, Marisa
¢	Subject:	Client Cancellation: Client Sick
	Location:	Home 🔻
Start Time:	12/1/2010	5 8:00 AM 🔳 🔯
End Time:	12/1/2010	6 10:00 AM 🔳 🔯
Recurring eve	ry: for	the next: weeks.
Mon U	Thu Fri	Biweekly
Wed	Sat	
	Sun	
Attendance Sta	atus: Cancel	lation 💌

#### Visits

#### If session occurred, client cancelled w/less than 24 hrs. notice or no showed click on "New Visit From Appointment"

	📙 🧃 🎊 🖄 🗌 Ignore Conflic	:ts
New Visit From Appointment button	New Visit from Appointment         Patient:       Patient, Test         Therapist:       Goudy, Marisa         Subject:       Location:         Home Capitol Hill       Start Time:         9/1/2014 1:30 PM       Image: Start St	•
	End Time: 9/1/2014 2:30 PM III 🕥	
	Recurring every: for the next: week Mon Thu Biweekly Tue Fri Wed Sat Sun	s.
	Attendance Status: Cancellation	]
		-

#### Visits: Cancellations LESS Than (LT) 2 hours notice

	Schedule	Documentation	Visits Patie	ents Pay	/ments	Setup	Help	b Log	gout		
(		🗶 🗇 🗑   😂									
4. SAVE!	Visit	Patient: Clien Therapist: Goudy Location: Dayca	t Name . /, Marisa re	<b>T</b>			•				
	Visit I Typ	d: 151963 Count: e: BA ▼	8		Diag R46.	Inosis ( 89   Oth	<b>?</b> her sympt	toms & :	signs involving	appearance & bel	havio
	Sta	rt: 8:00 AM 11/1	4/2017								
						Units:	1				
	Treatmen	ts			7						
	ld	CPT Code			Units	Durat	ion I	nv.#	Authorizatior	ns	
		Cx LT 2Hrs   Cance	llation with less tha	n 2 🔻	1 🔻	30	min.				
				¥	0 🔻	0	min.	2			
				Ŧ	0 🔻	0	min.	Manual	lly change to		
				Ŧ	0 🔻	0	min.	30 min	utes		
				¥	0 🔻	0	min.				
				T	0 🔻	0	min.				
				T	0 🔻	0	min.				
				Totals:	1	30	min.				

#### Visits: Cancellations MORE Than (MT) 2 hours notice

	-								
	Schedule	Documentation	Visits Patier	nts Payr	nents	Setup	Help L	ogout	
		🗶 🔶 词   😓							
4. SAVE!	Visit	Patient: Client M Therapist: Goudy, Location: Daycar	Name Marisa re	<b>T</b>	Cli	ient Name	•		
	Visit I Typ	d: 151963 Count: 8 e: BA ▼	8		Diag R46.	nosis 🍞 89   Other	symptoms (	& signs involving ap	pearance & behavior
	514	IL. 0.00 AM	4/2017 <u>H</u>			Units: 1			
	Treatmen	ts			7				
	ld	CPT Code			Units	Duration	ı Inv.#	Authorizations	
		Cx MT 2Hrs   Cance	llation with more that	an 2 V V V V V Totals:	1 ▼ 0 ▼ 0 ▼ 0 ▼ 0 ▼ 0 ▼ 0 ▼	0 mi 0 mi 0 mi 0 mi 0 mi 0 mi 0 mi	n. n. Leave n. n. n. n. n.	e at 0 minutes	
				rotais.		· · · · ·			

#### Cancellations <24 hrs./No Shows: Progress Notes

• NOT NEEDED!

After completing the visit for the cancellation, you are finished!

# Visits: Cancellations 24+ hrs. notice

- NO VISIT NECESSARY!
- Appointment Subject: Client Cancellation & reason
- Appointment Attendance Status: cancellation
- Attendance Status Explanation: e.g. client on vacation, provided with 72+ hrs. notice
- Click SAVE on Appointment

#### **Visits: No Shows**

Schedule       Documentation       Visit       Patients       Payments       Setup       Help       Logout         4.       Setup       Patient:       Client Name       T         Visit       Patient:       Client Name       T         Visit       Location:       Daycare       T         Visit       Ld:       151963       Count: 8       Count: 8         Type:       BA       EA       EA       EA         Start:       8:00 AM       11/14/2017       EA       EA         Treatments       Units: 1       Units: 1       Inv:#       Authorizations         Id       CPT Code       Units       Duration       Inv.#       Authorizations         No Show   Patient No Showed       1 v       30 min.       30 min.       30 min.         O       V       0 min.       30 min.       30 minutes       0 v       0 min.         O       V       V       V       V       V       V       V       V       V										
4.         A.         SAVE!         Visit Id:         151963         Coation:         Daycare         Visit Id:         151963         Count: 8         Type:         BA<		Schedule	Documentation	Visits F	Patients Pa	yments	Setup	Help	Logout	
4.       SAVE:       Patient: Clični Name       Therapist: Goudy, Marisa         Visit       Location: Daycare       Image: Clični Daycare         Visit       Id: [151963       Count: 8         Type:       BA       BA         Start:       8:00 AM       11/14/2017         Id       CPT Code       Units: 1         Image: Treatments       Id       CPT Code         Id       CPT Code       Inv.# Authorizations         Id       No Show   Patient No Showed       Image: Treatment Start:         Id       CPT Code       Image: Treatment Start:         Id       O T       Image: Treatment Start:         Id       CPT Code       Image: Treatment Start:         Id       O T       Im	(		🗶 🔶 🗑   😂							
Visit Id: 151963 Count: 8 Type: BA Start: 8:00 AM 11/14/2017 Units: 1 Treatments Id CPT Code Units Duration Inv.# Authorizations No Show   Patient No Showed I T 30 min. O O O min. Manually change to 30 minutes O O O min. O O O min.	4. SAVE!	Visit	Patient: Client Therapist: Goudy Location: Dayca	Name , Marisa re	T			•		
Start: 8:00 AM     Id CPT Code     Id CPT Code     Id CPT Code     Inits Duration     Inits Inits     Inits Inits     Id CPT Code     Inits Inits        Inits Inits <th></th> <td>Visit le Type</td> <td>d: 151963 Count: e: BA ▼</td> <td>8</td> <td></td> <td>Dia R46</td> <td>gnosis (" .89   Oth</td> <td><b>?</b> er symptom:</td> <td>s &amp; signs involving ap</td> <td>opearance &amp; behavior</td>		Visit le Type	d: 151963 Count: e: BA ▼	8		Dia R46	gnosis (" .89   Oth	<b>?</b> er symptom:	s & signs involving ap	opearance & behavior
Units: 1     Id     CPT Code     No Show   Patient No Showed     1     0     0     0     1     No Show   Patient No Showed     1     0     0     0     0     1		Star	t: 8:00 AM 11/1	4/2017						
Id       CPT Code       Units       Duration       Inv.#       Authorizations         No Show   Patient No Showed       1       30       min.       0       min.         0       0       0       min.       Manually change to 30 minutes         0       0       0       min.       Manually change to 30 minutes         0       0       0       min.       Manually change to 30 minutes         0       0       0       min.       0       min.							Units:	1		
Id       CPT Code       Units       Duration       Inv.#       Authorizations         No Show   Patient No Showed       1       30       min.       30       min.         V       0       V       0       min.       Manually change to 30 minutes         V       0       V       0       min.       30 minutes         V       0       V       0       min.         V       V       0       min.       Minutes         V       V       0       min.       Minutes         V       V       V       0       min.         V       V       V       0       min.         V       V       V       0       min.		Treatment	ts			7	1			
No Show   Patient No Showed 1 30   0 0 0   0		ld	CPT Code			Units	Durati	on Inv.	# Authorizations	
Image: Second			No Show   Patient N	lo Showed	T	1 🔻	30	min.		
Image: Construction of the second					T	0 🔻	0 1	min.		
Image: Solution of the second seco					Ŧ	0 🔻	0	min. N	Ianually change to	
▼       0 ▼       0 min.         ▼       0 ▼       0 min.         ▼       0 ▼       0 min.         Totals:       1       0 min.					٣	0 🔻	0	min.	0 minutes	
▼       0 ▼       0 min.         ▼       0 ▼       0 min.         Totals:       1       0 min.					¥	0 🔻	0	min.		
▼       0       ▼       0       min.         Totals:       1       0       min.					T	0 🔻	0	min.		
Totals: 1 0 min.					T	0 🔻	0	min.		
					Totals	: 1	0	min.		

#### Completed Sessions: Attendance Status



#### **Completed Sessions: Visit**



3. Most Units: 1 unit=15 mins. (e.g. 1 hr. session=4 units, 2 hr. session=8 units

#### **Completed Sessions: Progress Note**

# Click "New Progress Note" button (i.e. SOAP note)

	Schedule	Document	ation	Visits	Patients	Payments	Setup	He
		1 🔶 🧃	👌					
		Patient:	Client I	Name				•
"New ∠ Progress	Visit	I herapist:	Goudy,	Marisa	T			
Note" button		Looditon.	Dayour	, 				

#### **Completed Sessions: Progress Note**

ן 🔶 | 🍃 🝸

P	rogre	ess Note:	Behavio	ral Ana	lysis						National Speed	ch-Capito			
S	Patie	ent:					ł	Pat. Number:	1993	D.O.B.:	8/19/2009				
	Visit	sit Date: 9/4/2014				1	Duration:	60 min	Therapist:	Goudy, Marisa					
	C	CPT Units Loc. Start End Duration							Description						
	H201	9- 4	12	8:00 AM	9:00 AM	60 min.	Therapeu	utic Behavioral Se	ervices, per 15 minutes provided by a	Behavior Specialis	t	299.00			
The client was present prior to the session as well as for the duration of the session.															
0	#	Area of (	Concern		Goals %										
A	1	Compliance		( W sessio	will comply with at least 90% of novel instructions the first time asked given appropriate wait time (typically 3-5 seconds), for three consecutive assions and generalize compliance in all environments inside and outside of the home.										
	2	Communicati	on	(w (typica	c will use 4-5 word phrases to indicate his wants when presented with the verbal instruction, "What do you want?" given the appropriate wait time (typically 3-5 seconds) for three consecutive days with adults and peers.										
	5	Self-Control		( W sessio	ill wait for p ns with ther	referred iter apists and f	ms for up family.	to 3 minutes by s	taying seated and near an adult, with	90% accuracy, fir	st time asked for three consecutive	100%			
	6	Self-Care		c w	will indicate that he needs to use the bathroom, remain dry, and complete his toileting routine independently for two consecutive weeks. 10										
	Self-Control: current target 60 seconds mastered														

P The current plan of care should continue. Baseline new self-control target due to mastered target.

**S** (Subjective): session location (e.g. home, office), who was present during session (e.g. Mom, brother) & subjective information (e.g. client appeared tired, client was upset when denied access to preferred item, etc.) **O/A** (Objective/Assessment): each client will have goals that should automatically generate, you will need to put in the accuracy (i.e. %Ach) for each goal. In blank box underneath include specific targets, prompting method, common incorrect responses, strategies used, etc.

**P** (**Plan of Action**): ABA services should continue for XX hours/week (e.g. 6, 10, etc.) in specific location (e.g. natural environment, etc.) to work on XX goals (e.g. communication, social skills, etc.)

#### **Progress Note: Signatures**

#### 2. SAVE!

Sign note! Your signature
 should appear on the bottom

Progress Note: Behavioral Analysis

National Speech-Cap

S	Patient:				Pat. Number:	1993	D.O.B.:	8/19/2009	
	Visit Date:	9/9/2014			Duration:	min	Therapist:	Goudy, Marisa	
	CPT	Units	Loc.	Start	End	Duration		Description	Diag

🕲 Client was present prior to the session as well as throughout the duration of the session.

0	×	#	Area of Concern	Goals		%Acl	h
A		1	Compliance	I cwill comply with at least 90% of novel instructions the first time asked given appropriate wait time (typically 3-5 seconds), for three consecutive sessions and generalize compliance in all environments inside and gutside of the home.		50 Last: 7	0
		2	Communication	f c will use 4-5 word phrases to indicate his wants when presented with the verbal instruction, "What do you want?" given the appropriate wait time (typically 3-5 seconds) for three consecutive days with adults and peers.		10 Last 8	0
		3	Motor Imitation #1	I c will imitate the actions of familiar adults with 25 different functional play actions as a precursor skill for his play activities with 90% accuracy, first time asked, with appropriate wait time (typically 3-5 seconds) for three consecutive sessions,		80 Last (	
		4	Motor Imitation #2	1 c will spontaneously imitate actions of peers for 7 different functional play actions over at least 2 separate observations.	7	75 Last (	7
		5	Self-Control	1 c will wait for preferred items for up to 3 minutes by staying seated and near an adult, with 90% accuracy, first time asked for three consecutive sessions with therapists and family.		10 Last 1	/
		6	Self-Care	1 c will indicate that he needs to use the bathroom, remain dry, and complete his toileting routine independently for two consecutive weeks.	Ţ	10	<b>,</b>

#### **BCBA Supervision**

- If you are supervised by a BCBA: you bill in CS using the regular code for time you see the client individually & the Nonbillable code for when the BCBA overlapped
- In your SOAP note, put when BCBA present in S portion of note (e.g. BCBA overlap 5:00– 6:00 pm)
- On your timesheet, you will be paid for the duration of the session. In the Comments column put "BCBA Overlap 1 hr./etc."

#### **BCBA Overlap Visit Example**

	Visit	Patient:     Client Name       Therapist:     Your Name       Location:     Daycare	
	Visit le Type Star	d: 87784 Count: 32 e: BA ▼ rt: 11:00 AM 3/18/2016 ■	Diagnosis 🏹 F89   Unspecified disorder of psychological development
	Treatment	ts	
Non Billable: when BCBA overlapped (e.g. 12:00- 1:30 pm-6 units)	Id	CPT Code	Units Mod1 Mod2 Mod3 Duration Inv.# Authorizations
	<b>8</b> 4684	H2019   Direct ABA Services	2 ▼ 30 min.
		۲ ۲	0 ▼ 0 min. 0 ▼ 0 0 min.
,		V •	0 ▼ 0 min.
		H2019: regular billin client seen individua BT (e.g. 11:30 am-1	ng code, ally by 2:00 pm-
		2 units)	2.00 pm

#### Session Note Check List

#### **APPOINTMENTS**

- Type: ABA Therapy
  Start & End Time
- Start & End Time
- Location: Place of service (e.g. Home)
- Attendance Status: present, cancellation, no show, etc.
- Cancellation Subject: who, reason & notice of reason

VISITS & SOAP NOTES (if necessary)

- CPT Code: H2019, CX LT/MT 2 hrs., etc.
- Pri. Diag. Code: F84.0, etc.
- **u** Units: 1, 4, 8, etc.
- SOAP note for present sessions (all sections must contain information)
   Signature

**\*\*If any information above is missing for a note, your payment will be assured if not immediately resolved**\*\*

#### Cancellations

# What to do if your client cancels/no shows?

- Note cancellation in ClinicSource
- Attempt to reschedule if your schedule & the client's schedule allows
- Notify BCBA

#### **Cancellation Documentation**

- Less than (LT) 2 hours
  - Appointment Status: Cancellation
    - Blank Area: cancellation w/less than 2 hr. notice by client, reason (e.g. transportation issues)
  - Create visit
    - CPT Code: CX LT 2Hrs
    - Diagnostic Code: specific client code (e.g. Autistic Disorder F84.0)
    - Units: 1 (should automatically generate)
    - Duration: manually change to 30
- More than (MT) 2 hours
  - Appointment Status: Cancellation
    - \* Blank Area: cancellation w/2+ hour notice by therapist/client, reason (e.g. vacation)
  - Create visit
    - CPT Code: CX MT 2Hrs
    - Diagnostic Code: specific client code (e.g. Autistic Disorder F84.0)
    - Units: 1 (should automatically generate)
    - Duration: leave at 0

### **Cancellation Pay**

- If a client cancels a session w/2 hours or less notice, then therapists can bill for a cancellation stipend
- No Shows: if a client does not attend a session & no notice is provided, then therapists can bill for cancellation/no show stipend
- Cancellation/No Show Stipend Rate: 30 minutes
  - If a session is scheduled for 2 hours & the session gets cancelled you may only bill for 30 mins. (e.g. 4:30-6:30 pm session cancelled, hourly rate-\$17/hour, may bill \$8.50)

# Admin Pay

### What is considered "Admin"?

Staff meetings

- Pre-approved time by BCBA for:
  - Assisting with programming
  - Helping with office events (e.g. Halloween party)
  - Any time working on task not working directly with a client
- Does NOT include: writing notes, completing timesheet, answering emails, etc.

#### How to document admin time

- Create appointment
- Create visit
- CPT Code: BT Admin 15/17
- Units: 1
- Duration: total time, manually change
- Save!
- No note needed

Schedule	Documentation Visits Patien	ts Pay	yments	Setu	p H	elp l	.ogout	
8 🚯	🗹 두 🗑   🗞							
Visit	Patient:Client NameTherapist:Goudy, MarisaLocation:Daycare	T T			•			
Visit Ty St	Id: 151963 Count: 8 pe: BA ▼ art: 8:00 AM 11/14/2017		Dia R46	gnosis i.89   O	ther syn	nptoms	& signs involving a	ppearance & behavior
Treatme Id	nts CPT Code		Units	Dura	ation	Inv#	Authorizations	]
	BTAdmin 17   Behavior Therapy Admin	T	1 🔻	60	min.		, lation Eations	
		T	0 🔻	0	min.			
		T	0 🔻	0	min.			
		¥	0 🔻	0	min.			
		T	0 🔻	0	min.			
		¥	0 🔻	0	min.			
		۲	0 🔻	0	min.			
		Totals	: 1	60	min.			

#### **NS In–Network**

#### What is this for?

- To be used for clients with CareFirst (MD ONLY) or Aetna as the primary payer
- If the client also has a secondary payer who will be the ultimate payer of services (e.g. HSCSN), the visit will need to be duplicated in the corresponding office location (e.g. Capitol Hill)

## How do I duplicate a visit?

Schedule

- Change schedule location
- Click "Visits" on header
- Click "New Visit" (2 people with + sign
- In visit enter CPT codes & duration per funding source

Documentation Visits	Pati	ents F	ayments	Setup	Help	Logout	
From: 10/1/2017		To: 11	/14/2017		Therapist:	- All -	
-	8	ld	Treat. Date	Patie	ent	Pat. #	Therapist
s		151922	11/14/20	Clier	nt Name	;	Name
		151923	11/14/20	Clier	nt Name	;	Name
		151904	11/14/20	Clier	nt Name	;	Name
		151701	11/13/20	Clier	nt Name	;	Name
		151699	11/13/20 <sup>-</sup>	Clier	nt Name	;	Name
2		151722	11/13/20	Clier	nt Name		Name
		151727	11/13/20	Clier	nt Name	;	Name

## Enter "Appointment" Info

- Change following info using drop down arrow: Patient, Therapist, Location
- Change Date (click Calendar, select date, OK)
- Change time

Schedule	Documentation Visits	Patients P	ayments	Setup	Help L	.ogout	
8 🖟 🗸	🌾 词   🗞						
Visit	Patient: Client Na Therapist: Jackson, Chavon Location: Daycare	me T					
Visit Id: Type: Start	152025 Count: 5 BA V 9:00 AM	1	Dia R46	jnosis 🍞 89   Other	r symptoms (	& signs involving ap	ppearance & behavior
Treatments	CPT Code	-	Units	Duratio	n Inv#	Authorizations	]
148621	0364T   Adaptive Behavior Treat	iment by 🔻	1 7	30 m	in.	, lation 2 adone	
0 148622	0365T   Adaptive Behavior Treat	ment by V	7 🔻	210 m	in.		
		T	0 🔻	0 m	in.		
		T	0 🔻	0 m	in.		
		T	0 🔻	0 m	in.		
		T	0 🔻	0 m	in.		
		T	0 🔻	0 m	in.		
		Total	<b>S</b> : 8	240 m	in.		

#### **Duplicating Visit ONLY**

No note needed!

#### What codes do I use?

#### NS In-Network

#### Capitol Hill/Bethesda

- 0364T: 1 unit (30 minutes)
- 0365T: remaining units (30 minutes/unit)
- HSCSN
  - H2019: all units (15 minutes/unit)

# **Billing Codes**

#### What codes to use

Funding Source	Codes	Units-Time		
HSCSN, DCEI, MoCo I & T, Trusted	H2019	1–15 mins.		
AmeriHealth	98960	1–15 mins.		
CareFirst BCBS,	0364T	1-30 mins. (1x/day)		
Tricare, Kaiser & Aetna	0365T	1–30 mins., use for remaining duration		
All Sources (for BCBA overlap during session)	Nonbillable BCBA Overlap	Same as funding source client overlap occurred		
Admin	CX LT 2 hours	1-30 mins. (total)		
	CX MT 2 hours	0-Not billed		
	No Show	1-30 mins. (total)		
	BT Admin 15/17	1–15 mins.		