



Emergency ACT Billing Guide

AWARDS Information Sheet

Documentation Rules

 **Note:** If a change to the billing rules is not specified here, regular billing rules apply.

- The **minimum duration** required to bill for all services is **5 minutes**.
- All billable progress notes must be **face to face**.
- All **service plan requirements have been relaxed**. AWARDS will not check that service plans are up to date or whether services provided are on the service plan.
- When providing a service that is not on the service plan, use a **face to face General Chart Note** to document a contact with the client, and a **face to face Collateral Contact Note** (not linked to the plan) to document a contact with a collateral.

Procedure Invoicing Rules

- The **Full Month (4508)** procedure can be invoiced if **at least three services** were provided in the month.
 - Only one of the three contacts can be a collateral contact.
 - If the client spends part of the month in the hospital, then any number of inpatient contacts can be included in the three contacts.
- The **Half Month (4509)** procedure can be invoiced if **one or two services** were provided in the month.
 - A collateral contact can be used to meet the one contact minimum.
 - If the client spends part of the month in the hospital, then an inpatient contact can be used to meet the one contact minimum.
- The **Inpatient (4511)** procedure can be invoiced if there has been at least one billable contact with the client during the month.
- All invoices generated using the emergency billing rules will be invoiced with the **CR modifier** in the claim file.
- If a service is provided by Telehealth, use the **Telehealth Contact Method**. If the client participated in at least one telehealth service during the month, then the telehealth modifier specified on the *Billing Type* page will also be included in the claim for that client.